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2601 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 15, 2001 8:00 am Secretary of State DOCUMENT # **P93000045188** 1. Entity Name 05-15-2001 90090 006 ***150.00 PMS ENTERPRISES, INC. Principal Place of Business Mailing Address 4680 SW 64TH AVENUE P.O. BOX 143746 CORAL GABLES FL 33114-3746 DAVIE FL 33314 3. Mailing Address 2. Principal Place of Business P.O. Box 451437 Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0424623 Not Applicable Miami, Florida Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33245 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Spiegel & Utrera, P.A. SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 4th Floor City Zip Code 33145 Miami t for the purpose of changing its registered office or registered agent, or both, in the 8. The above named entity submits this st , P.A. Spiegel & Ut SIGNATURE By: vacuite if applicable ident (NOTE: Registered Agent signature required when reinstating) Signaturn ared a Printed nau Chemisera 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Change TITLE TITLE ☐ Delete SPIEGEL, LAWRENCE J NAME Spiegel, Lawrence J. NAME STREET ADDRESS 345 ALMERIA AVENUE STREET ADDRESS 1840 Southwest 22 Street, 4th Floor CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL Miami, Florida 33145 Delete Change Addition TITLE TITLE Ŭtrera, Natalia UTRERA, NATALIA NAME NAME 1840 Southwest 22 Street, 4th Floor STREET ADDRESS STREET ADDRESS 345 ALMERIA AVENUE CITY-ST-ZIP Miami, Florida 33145 CITY-ST-ZIP **CORAL GABLES FL 33134** TITLE ☐ Change Delete TITLE FUSTIN, RICHARD NAME STREET ADDRESS STREET ADDRESS **4680 SW 64 AVENUE** CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or injustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver changed, or on an attachment wit

Lawrence J. Spiegel