

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000051985

1. Entity Name
P. B. PARTNERS, INC.



Principal Place of Business
7305 S.W. 40TH STREET
MIAMI, FL 33155

Mailing Address
7305 S.W. 40TH STREET
MIAMI, FL 33155

2. Principal Place of Business

6615 SW 46 ST

Suite, Apt. #, etc.

3. Mailing Address

6615 SW 46 ST

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip
33155

Country

Zip

33155

Country

03282005

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0424272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTZ, MICHAEL W
7305 S.W. 40TH STREET
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Claire Bartz

Signature, typed name of registered agent and title if applicable.

[Signature]

(NOTE: Registered Agent signature required when filing.)

4/1/05

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
BARTZ, MICHAEL W
7305 S.W. 40TH STREET
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
BARTZ, CLAIRE M
7305 S.W. 40TH STREET
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300054285833
05/11/05--01049--011 **\$300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Claire Bartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

4/1/05

Daytime Phone #

786-208-3123

FILED
05 APR 25 PM 3: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

