

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062683

1. Entity Name

PMG CENTER, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90136 050 \*\*\*150.00

Principal Place of Business

6245 N FEDERAL HWY.  
5TH FLOOR  
FT. LAUDERDALE FL 33308- R  
US

Mailing Address

2500 N FEDERAL HWY  
STE 201  
FT. LAUDERDALE FL 33305-1618  
US

601331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 N FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite 201

City & State

Ft. Lauderdale FL

City & State

4. FEI Number

65-0436962

Applied For

Not Applicable

Zip

Country

FL

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DWV INVESTMENTS INC  
2500 N FEDERAL HWY  
STE 201  
FT. LAUDERDALE FL 33305

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME GAYDA, PETER M  
STREET ADDRESS 10 W COMPASS DR  
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☒ Delete

TITLE D  
NAME GAYDA, PETER  
STREET ADDRESS 2500 N Federal Highway Suite 201  
CITY-ST-ZIP Ft. Lauderdale FL 33305-1618 ☒ Change ☐ Addition

TITLE VS  
NAME GAYDA, MARC P  
STREET ADDRESS 10 W COMPASS DR  
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)