

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90003 021 ***150.00

DOCUMENT # P93000087415

1. Entity Name

PPI CONCESSION SERVICES, INC.

Principal Place of Business

Mailing Address

7100 W COMMERCIAL BLVD
 SUITE 106
 FT LAUDERDALE FL 33319
 US

7100 W. COMMERCIAL BLVD
 SUITE 106
 FORT LAUDERDALE FL 33319-2147
 US

2. Principal Place of Business

WINGATE COMMONS

3. Mailing Address

WINGATE COMMONS

Suite, Apt. #, etc.

4517 NW 31ST AVE

Suite, Apt. #, etc.

4517 NW 31ST AVE

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

US

Zip

33309

Country

US

6. Name and Address of Current Registered Agent

PANOFF, IRENE
20846 DINAR TRAIL
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **PANOFF, IRENE**
 Street Address (P.O. Box Number is Not Acceptable)
20776 SALIDA TERRACE
 City **BOCA RATON** FL **33433**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	PANOFF, IRENE	
STREET ADDRESS	20846 DINAR TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PANOFF, WILLIAM A	
STREET ADDRESS	20846 DINAR TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANOFF, IRENE	
STREET ADDRESS	20776 SALIDA TERRACE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANOFF, WILLIAM A	
STREET ADDRESS	20776 SALIDA TERRACE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 687, 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 #

03/14 100 (954) 746 5554

CR2E034 (9/99)