2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, wit

SIGNATURE:

all other like empowered.

O NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 16, 2001 8:00 am Secretary of State DOCUMENT # P95000087657 1. Entity Name P.C. UNIVERSE, INC. 02-16-2001 90022 019 ***150.00 Mailing Address Principal Place of Business 2302 N. DIXIE HWY 2302 N. DIXIE HWY **BOCA RATON FL 33431** BOCA RATON FL 33431 LIS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0620172 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIVIA THOMAS Street Address (P.O. Box Number is Not Acceptable) 2302 N. DIXIE HWY **BOCA RATON FL 33431** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Change ☐ Addition ☐ Delete TITLE TITLE STERN, GARY NAME NAME 2304 NO. DIXIE HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE ZOLOTSKY, STEVE NAME STREET ADDRESS 2304 NO. DIXIE HWY. STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE LIVIA. THOMAS NAME NAME 2304 NO. DIXIE HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITI F LIVIA. THOMAS NAME NAME 2302 N. DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if