

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90057 036 \*\*\*158.75

**DOCUMENT # P96000012663**

1. Entity Name  
**P.I. INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**1600 NW LEJEUNE RD  
STE 300  
MIAMI FL 33126  
US**

**1600 NW LEJEUNE RD  
STE 300  
MIAMI FL 33126  
US**

2. Principal Place of Business

**1500 BAY ROAD**

3. Mailing Address

**1500 BAY ROAD**

Suite, Apt. #, etc.

**1420**

Suite, Apt. #, etc.

**1420**

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL**

Zip

**33139**

Country

**USA**

Zip

**33139**

Country

**USA**

4. FEI Number **65-0641446**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PHILLIPPE, JOHN L  
1600 N.W. LEJEUNE RD  
#300  
MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

**SAME**

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

**1500 BAY RD #1420**

City

**MIAMI BEACH**

FL

Zip Code

**33139**

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, 2001 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 NAME ☐ Delete

**P  
PHILLIPPE, JOHN L  
1600 NW LEJEUNE RD #300  
MIAMI FL**

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

**1500 BAY RD #1420  
MIAMI BEACH, FL 33139**

TITLE NAME ☒ Change ☐ Addition

**(ADDRESS CHANGE ONLY)**

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 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:

**JOHN L. PHILLIPPE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/21/2001**

**305-193  
3069**  
Daytime Phone #

CR2E034 (10/00)