

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90008 006 ***150.00

DOCUMENT # P96000015858

1. Entity Name

P.P.M.A.O. CORPORATION

Principal Place of Business

310 ALHAMBRA CIR
 CORAL GABLES FL 33134

Mailing Address

P.O. BOX 141397
 CORAL GABLES FL 33114-1397
 US

IS
 CORRECT



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 DOUGLAS ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

607

City & State

CORAL GABLES, FL

City & State

Zip

Zip

33134

Country

MIAMI-DADE

Country

4. FEI Number

65-0721511

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAUMCHUK, PROKIP

310 ALHAMBRA CIR

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

2600 DOUGLAS Rd., Suite 607

CORAL GABLES

FL

Zip Code 33134

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, 2002 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 D
 NAME NAUMCHUK, PROKIP
 STREET ADDRESS 310 ALHAMBRA CIR
 CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS 2600 DOUGLAS RD, STE 607
 CITY-ST-ZIP CORAL GABLES, FL 33134 ☒ Change ☐ Addition

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 24, 2002

(305)443-6072

Date

Daytime Phone #

CR2E034 (9/01)