

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

0069680 AV

DOCUMENT # P96000031257

1. Entity Name
P.G.A. FINANCIAL CORP.

07-20-2001 90006 043 ***150.00

Principal Place of Business
13500 N KENDALL DR
211
MIAMI FL 33186
US

Mailing Address
13500 N KENDALL DR
211
MIAMI FL 33186
US

H0060308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9300 S. Dadeland Blvd
 Suite, Apt. #, etc.
607

3. Mailing Address
9300 S. Dadeland Blvd
 Suite, Apt. #, etc.
607

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0658541

Applied For
 Not Applicable

Zip
33156 Country
Dade

Zip
33156 Country
Dade

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

CAVADA, ANA V
13020 S.W. 2ND STREET
MIAMI FL 33184

Name
CAVADA ANA V.
 Street Address (P.O. Box Number is Not Acceptable)
10200 SW 135 STREET
 City
Miami FL Zip Code
33176

8. The above named entity agrees to 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)

7/16/01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAVADA, ANA V 13020 S.W. 2ND STREET MIAMI FL 33184	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAVADA, PETER F 13020 S.W. 2ND STREET MIAMI FL 33184	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Peter CAVADA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01 305)670-1082
 Daytime Phone #

0069680 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031257

1. Entity Name
P.G.A. FINANCIAL CORP.

Attachment

Principal Place of Business
13500 N KENDALL DR
211
MIAMI FL 33186
US

Mailing Address
13500 N KENDALL DR
211
MIAMI FL 33186
US

2. Principal Place of Business
9300 S Dadeland Blvd
Suite, Apt. #, etc.
#607
City & State
Miami FL
Zip
33156
Country
Dade

3. Mailing Address
9300 S Dadeland Blvd
Suite, Apt. #, etc.
#607
City & State
Miami FL
Zip
33156
Country
Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0658541
Applied For
Not Applicable

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

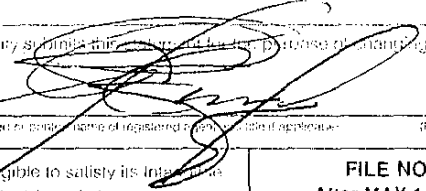
6. Name and Address of Current Registered Agent

CAVADA, ANA V
13020 S.W. 2ND STREET
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name ANA V. CAVADA same person
Street Address (P.O. Box Number is Not Acceptable)
10200 SW 135 ST Address change
City Miami FL Zip Code 33176

8. The above named entity submits this statement for the purpose of obtaining its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE

9. This corporation is eligible to satisfy its information filing requirements and needs to do so (See online 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: Corporation Financial Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

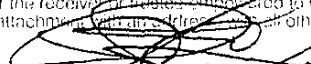
11. OFFICERS AND DIRECTORS

TITLE	PD	NAME	CAVADA, ANA V	<input type="checkbox"/> Delete
STREET ADDRESS	13020 S.W. 2ND STREET	STREET ADDRESS	10200 SW 135 ST	
CITY-STATE-ZIP	MIAMI FL 33184	CITY-STATE-ZIP	MIAMI FL 33176	
TITLE	VD	NAME	CAVADA, PETER F	<input type="checkbox"/> Delete
STREET ADDRESS	13020 S.W. 2ND STREET	STREET ADDRESS	10200 SW 135 ST	
CITY-STATE-ZIP	MIAMI FL 33184	CITY-STATE-ZIP	MIAMI FL 33176	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS		STREET ADDRESS		
CITY-STATE-ZIP		CITY-STATE-ZIP		
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS		STREET ADDRESS		
CITY-STATE-ZIP		CITY-STATE-ZIP		
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS		STREET ADDRESS		
CITY-STATE-ZIP		CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	NAME	CAVADA ANA V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10200 SW 135 ST	STREET ADDRESS	10200 SW 135 ST	
CITY-STATE-ZIP	MIAMI FL 33176	CITY-STATE-ZIP	MIAMI FL 33176	
TITLE	VD	NAME	CAVADA PETER F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10200 SW 135 ST	STREET ADDRESS	10200 SW 135 ST	
CITY-STATE-ZIP	MIAMI FL 33176	CITY-STATE-ZIP	MIAMI FL 33176	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		
CITY-STATE-ZIP		CITY-STATE-ZIP		
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS		
CITY-STATE-ZIP		CITY-STATE-ZIP		

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 any address or other like information.

SIGNATURE  Peter Cavada V.P. 5/4/01 305/670-1082

CR2E034 (10/00)

0236898

Attachment
P96000031257

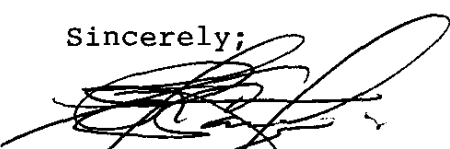
August 16, 2001

Department of State
State of Florida
Division of Corporations
Tallahassee, Florida

To All Interested Parties;

Enclosed you will find a copy of our earlier filing, we had moved in April, and somehow the report was not received by us until May 4, 2001. At which time I filled it out and send it along with our check. Today I received a new report, I contacted your offices and spoke to MR. Mark Corbett. He was very kind and checked for me and he had no records of having received it. Not surprising considering our Postal Service. As per our conversation MR. Corbett suggested that I send a copy of the first, plus the new original along with a new check for 150.00 I have enclosed everything he requested, if you have any further requirements please contact me at your earliest convenience.

Sincerely;



Peter F. Cavada

V. P.

(305) 670-1082

PGA Financial Corp

9300 S. Dadeland Blvd.

Suite 607

Miami, Fl 33156