

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90002 007 \*\*\*150.00

**DOCUMENT # P96000041811**

1. Entity Name

**NEW PFC, INC.**

Principal Place of Business

Mailing Address

**5655 SW 64TH AVE  
DAVIE FL 33314  
US**

**5655 SW 64TH AVE  
DAVIE FL 33314  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0691435**

Applied For  
Not Applicable

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

**SIEDEL, ELIZABETH M  
9220 NW 14TH ST  
PEMBROKE PINES FL 33024**

Name **SIEDEL, ELIZABETH M**

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

**5655 SW 64 AVENUE**

City **DAVIE** FL Zip Code **33314**

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 *Elizabeth M Siegel* **ELIZABETH M SIEDEL**

**4-24-01**

Signature, type 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIEDEL, ELIZABETH M</b>	
STREET ADDRESS	<b>9220 NW 14TH ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIEDEL, DONALD R</b>	
STREET ADDRESS	<b>9220 NW 14TH ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEDEL, ELIZABETH M</b>
STREET ADDRESS	<b>5655 SW 64 AVENUE</b>
CITY-ST-ZIP	<b>DAVIE FLORIDA 33314</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEDEL, DONALD R</b>
STREET ADDRESS	<b>5655 SW 64 AVENUE</b>
CITY-ST-ZIP	<b>DAVIE, FLORIDA 33314</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Elizabeth M Siegel* **ELIZABETH SIEDEL**

Date

Daytime Phone #

**4/24/01 954-791-8253**

CR2E034 (10/00)