

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049521

1. Entity Name

P.B.M. DEVELOPMENT, INC.

Principal Place of Business

30 SE 7TH ST. 2ND FLOOR
BOCA RATON FL 33432
US

Mailing Address

30 SE 7TH ST. 2ND FLOOR
BOCA RATON FL 33432
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 65-0677822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



954257

6. Name and Address of Current Registered Agent

HAIMOWWITZ, HAROLD B
555 SOUTH FEDERAL HIGHWAY
SUITE 320
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name Jennifer McAllister
Street Address (P.O. Box Number is Not Acceptable)
30 SE 7th St. - 2nd Floor
City Boca Raton FL Zip Code 33432

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 *Jennifer McAllister*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MCCALLISTER, PETER B
STREET ADDRESS 1511 SW 1ST AVE
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME MCCALLISTER, PETER B ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SDV
NAME MCCALLISTER, JENNIFER
STREET ADDRESS 30 SE 7TH ST, 2ND FLOOR
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME MCCALLISTER, JENNIFER ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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: *Jennifer McAllister, V. President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

561-368-2544

Daytime Phone #

CR2E034 (10/00)

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