

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P9600057103

P G INTERNATIONAL Group, Inc.

Principal Place of Business

Mailing Address

17723 SW 19 ST
MIAMI FL 33209

16412 SW 16 ST
Pembroke Pines, FL 33029

2. Principal Place of Business

3. Mailing Address

3890 W. Commercial Blvd
Suite, Apt. #, etc.
SUITE 214

3890 W. Commercial Blvd
Suite, Apt. #, etc.
SUITE 214

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale FL

Zip

Country

Zip

Country

33309

USA

33309

USA

6. Name and Address of Current Registered Agent

AMESILAWYER Chartered
343 ALMENA Avenue
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name MARK KING
Street Address (P.O. Box Number is Not Acceptable)
3890 W. Commercial Blvd Suite 214
City Fort Lauderdale, FL Zip Code 33309

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.

MARK KING

(NOTE: Registered Agent signature required when reinstating)

3/19/01

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD HECTOR F PINO 17723 SW 19 ST MIAMI FL 33209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANA M PINO 17723 SW 19 ST MIAMI FL 33209	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HECTOR F PINO 3890 W. Commercial Blvd Suite 214 FT Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANA M. PINO 3890 W. Commercial Blvd Suite 214 FT Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE:

PSTD HECTOR PINO

3/19/01

954 733 6399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C0038620

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)