

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90226 001 \*\*\*300.00

**DOCUMENT # P96000070791**

1. Entity Name  
**P.G.P. MANAGEMENT, INC.**

Principal Place of Business  
**POST OFFICE BOX 39617**  
**FORT LAUDERDALE FL 33339-9617**

Mailing Address  
**POST OFFICE BOX 39617**  
**FORT LAUDERDALE FL 33339-9617**



2. Principal Place of Business  
**2833 N. OCEAN BLVD.**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 1A**

Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE**

City & State

Zip  
**FL**

Country  
**BROWARD**

Zip

Country

4. FEI Number  
**65-0729497**

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

~~PRESTE, PAUL G~~  
~~2833 N. OCEAN BLVD. #102~~  
~~FORT LAUDERDALE FL 33308~~

Name  
**PRESTE PAUL**

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

**2833 E. COMMERCIAL BLVD SUITE 1A**  
**FT. LAUD. FL 33308**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D' PRESTE, PAUL G**  
**PO BOX 39617 N/A**  
**FORT LAUDERDALE FL**

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

TITLE  
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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**

Date

Daytime Phone #

**2/5/02 954**  
**491-6200**

CR2E034 (9/01)