

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093471

1. Entity Name

PISCES MANAGEMENT INCORPORATED

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90142 007 ***150.00

Principal Place of Business

Mailing Address

75 SW 8TH ST.
SUITE 401
MIAMI FL 33130

75 SW 8TH ST.
SUITE 401
MIAMI FL 33130-3023

2. Principal Place of Business

2800 BISCAYNE BLVD.

3. Mailing Address

2800 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 1000

Suite, Apt. #, etc.

SUITE 1000

City & State

MIAMI

City & State

MIAMI

Zip

33137

Country

US

Zip

33137

Country

US

4. FEI Number

65-0707848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAX, MICHAEL H PA
1570 MADRUGA AVE
SUITE 311
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HARTHCOCK, BRIAN	
STREET ADDRESS	11076 SW 70 TERR	
CITY-ST-ZIP	MIAMI FL 33173-2156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTHCOCK, BRIAN	
STREET ADDRESS	11502 SW 106 TERR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

786 425 4000

Daytime Phone #

CR2E034 (9/99)