

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90188 028 \*\*\*150.00

**DOCUMENT # P96000102362**

1. Entity Name  
**PAWLIGER OPERATING PROPERTIES, INC.**

Principal Place of Business  
**6838 NW 77TH COURT**  
**MIAMI FL 33166**

Mailing Address  
**6838 NW 77TH COURT**  
**MIAMI FL 33166**

2. Principal Place of Business  
**12245 SW 132 Ct.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**12245 SW 132 Court**  
 Suite, Apt. #, etc.

City & State  
**Miami FL**  
 Zip  
**33186**  
 Country  
**USA**

City & State  
**Miami FL**  
 Zip  
**33186**  
 Country  
**USA**

4. FEI Number **65-0715797**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LIPCON, MITCHELL J**  
**9100 SOUTH DADELAND BLVD**  
**SUITE 801**  
**MIAMI FL 33156**

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, 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

TITLE **D**  
 NAME **PAWLIGER, MICHAEL**  
 STREET ADDRESS **6838 NW 77TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33166**  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS **12245 SW 132 Court**  
 CITY-ST-ZIP **Miami FL 33186**  
☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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 **786-249-1100** Daytime Phone #

0299643 AV

CR2E034 (9/01)