

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007848

1. Entity Name

P.D.H. PROPERTIES, INC.

Principal Place of Business

4401 LECAUTO HWY
BEVERLY HILLS FL 34465
US

Mailing Address

4401 N LECANTO HWY
BEVERLY HILLS FL 34465-3108

2. Principal Place of Business

3 Della CT

Suite, Apt. #, etc.

3. Mailing Address

3 Della CT

Suite, Apt. #, etc.

City & State

BEVERLY HILLS FL

City & State

BEVERLY HILLS FL

Zip

34465

Country

USA

Zip

34465

Country

USA

6. Name and Address of Current Registered Agent

CHANG, SU O
4170 N. ELWYN PT.
HERNANDO FL 34442

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 ☐ Delete
NAME D
STREET ADDRESS CHANG, SU O
CITY-ST-ZIP 4170 N. WYN PT
HERNANDO FL 34442

TITLE ☐ Delete
NAME D
STREET ADDRESS DZIAK, HELEN
CITY-ST-ZIP 3192 HYSSOPS PT N.
BEVERLY HILLS FL 34465

TITLE ☐ Delete
NAME D
STREET ADDRESS CHANG, DOREEN
CITY-ST-ZIP 4170 N. ELWYN PT
HERNANDO FL 34442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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: Su Oun CHANG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90021 017 ***150.00

B0002034



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3422286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (9/99)

1-9-00

352-746-5446

Date

Daytime Phone #