

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057802

1. Entity Name

PSBC CORPORATION

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90042 001 \*\*\*150.00

Principal Place of Business Mailing Address  
350 200 EAST LAS OLAS. STE. 1900 1700  
FORT LAUDERDALE FL 33301 350 200 EAST LAS OLAS. STE. 1900 1700  
FORT LAUDERDALE FL 33301-2248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 65-0819557 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  
350 BEILLY, ROXANNE K 1700  
200 EAST LAS OLAS. STE. 1900  
FORT LAUDERDALE FL 33301  
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 Roxanne K. Beilly 4/7/00  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	350 E. LAS OLAS BLDG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEILLY, ROXANNE K		NAME	Suite 1700	
STREET ADDRESS	200 EAST LAS OLAS, STE. 1900		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Roxanne K. Beilly 4/7/00 954-763-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #