

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091401

1. Entity Name
PB/BA INTERNATIONAL, INC.

Principal Place of Business
277 ROYAL POINCIANA WAY
PALM BEACH FL 33480

Mailing Address
PO BOX 744
PALM BEACH FL 33480

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 65-0791268

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

MALLARDI, VINCENT
277 ROYAL POINCIANA WAY
PALM BEACH FL 33480

Delete

Name MERRY FRANCEN

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

277 Royal Poinciana Way

City Palm Beach

FL 33480

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

M. Francen
Signature typed or printed name of registered agent and title if applicable.

Pres/CFO

DATE Sept 18/01

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 DS
LEHMANN, FRANK R
STREET ADDRESS 17 PAUL REVERE LN.
CITY-ST-ZIP CENTERPORT NY 11721

☒ Delete

TITLE NAME DP
MALLARDI, VINCENT
STREET ADDRESS 277 ROYAL POINCIANA WAY
CITY-ST-ZIP PALM BEACH FL 33480

see change

☒ Delete

TITLE NAME DT
MALLARDI, DOMINIC
STREET ADDRESS 1102 MITCHELL AVE. #304, TARPON BAY
CITY-ST-ZIP FT. ST. LUCIE FL 34952

☒ Delete

TITLE NAME EVP
FRANCEN, MERRY
STREET ADDRESS 277 ROYAL POINCIANA WAY
CITY-ST-ZIP PALM BEACH FL 33480

see change

☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME PRESIDENT / CFO
STREET ADDRESS 277 Royal Poinciana Way
CITY-ST-ZIP P.O. Box 744 Palm Beach FL 33480

☒ Change ☐ Addition

TITLE NAME CHAIRMAN HONORARY
STREET ADDRESS VINCENT MALLARDI
CITY-ST-ZIP 8930 SAWYER BROWN Rd NASHVILLE, TN 37221

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

M. Francen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres/CFO

DATE

Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

05-22-2001 90057 022 ***550.00
09-18-2001 90016 034 ***550.00



DO NOT WRITE IN THIS SPACE

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