2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095575

P.F.G. MANUFACTURING, INC.

Principal Place of Business

Mailing Address

3860 NE 11TH AVE. POMPANO BEACH FL 33064 3860 NE 11TH AVE.

POMPANO BEACH FL 33064-5103

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

04-12-2000 90151 043 ***150.00

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2. Principal F	Place of Business	3. Mailing Address				
				1 (88(188))(8 (8(1) 188) 88(1)		
Suite, Apt.	, #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0793263 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
NOFIL, JOSEPH K 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
8. The above	e named entity submits this statement for	r the purpose of changing i	ts registered office or regis	stered agent, or both, in the State of Florida.		
SIGNATURE						
0.0	Signature, typed or printed name of registered agent a	and title if applicable. (NO	OTE: Registered Agent signature requ	(ired when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2	V!!! FEE IS \$150.00 2000 Fee will be \$550.0 able to Department of S			
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCAGLIA, PAUL L 3860 NE 11TH AVE. POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition		

13. provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ss, with all other like empowered. changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #