

2000 UNIFORM BUSINESS REPORT (UBR)

0380688

DOCUMENT # P97000109160

FILED

1. Entity Name

PBC ACQUISITION CORP.

00 MAR 20 PM 4:37

Principal Place of Business

Mailing Address

751 PARK OF COMMERCE DR
SUITE 108
BOCA RATON FL 33487

751 PARK OF COMMERCE DR
SUITE 108
BOCA RATON FL 33487-3622

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

640 E. OCEAN AVE

640 E. OCEAN AVE

Suite, Apt. #, etc.

23

Suite, Apt. #, etc.

23

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33435

Country

U.S.A.

Zip

33435

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PRYOR, THAD
751 PARK OF COMMERCE DR
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: Jeffrey LEVITT
Street Address (P.O. Box Number is Not Acceptable): 640 E. OCEAN AVE #23
City: Boynton Beach FL Zip Code: 33435

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

3/14/00

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	COB	<input checked="" type="checkbox"/> Delete
NAME	WEISSMAN, MICHAEL	
STREET ADDRESS	751 PARK OF COMMERCE DR	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PCOO	<input checked="" type="checkbox"/> Delete
NAME	PRYOR, THAD	
STREET ADDRESS	751 PARK OF COMMERCE DR	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT-DIRECTOR	<input checked="" type="checkbox"/> Addition
NAME	ROSS LEVITT	
STREET ADDRESS	640 E. OCEAN AVE #23	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY-TREASURER	<input checked="" type="checkbox"/> Addition
NAME	JEFFREY LEVITT	
STREET ADDRESS	640 E. OCEAN AVE #23	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEFFREY LEVITT 561-7378

CR2E034 (9/99)