

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90096 037 ***550.00

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DOCUMENT # P98000011546

1. Entity Name
PB GP, INC.



Principal Place of Business
**C/O DENHOLTZ ASSOCIATES
337 EAST INDIANTOWN ROAD
JUPITER FL 33477**

Mailing Address
**C/O DENHOLTZ ASSOCIATES
337 EAST INDIANTOWN ROAD
JUPITER FL 33477**



2. Principal Place of Business
580 Village Blvd
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
580 Village Blvd
Suite, Apt. #, etc.
Suite 300

☐ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number **65-0826851**

Applied For
☐ Not Applicable

Zip
33409-1953

Country
Palm Beach

Zip
33409-1953

Country
Palm Beach

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARMOUR, ALAN I II, ESQ
C/O NASON YEAGER GERSON WHITE & LIOCE PA
1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Stewart Denholtz
Street Address (P.O. Box Number is Not Acceptable)
580 Village Blvd Suite 300
West Palm Beach, FL
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stewart Denholtz* *V. President* *8/19/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENHOLTZ, STEVEN J 1600 ST GEORGES AVENUE RAHWAY NJ 07055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENHOLTZ, STEWART 337 EAST INDIANTOWN ROAD JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARO, JEROLD 615 HOPE ROAD, CN ONE EATONTOWN NJ 07724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELED, HILLEL 505 PARK AVENUE 19TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRUCHI, MARK 1209 ORANGE ST. BLOOMINGDALE DE 19801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stewart Denholtz* *7/15/03* *(732) 388-3000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)