

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90118 003 \*\*\*150.00

**DOCUMENT # P98000043931**

1. Entity Name

PC4U, INC.

Principal Place of Business

1465 NE 53RD STREET  
 FT LAUDERDALE FL 33334

Mailing Address

1465 NE 53RD STREET  
 FT LAUDERDALE FL 33334

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

65-0838283

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO  
 501 BRICKELL KEY DRIVE SUITE 400  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

FRANKLIN PEREIRA

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

1465 NE 53RD STREET

City

FT. LAUDERDALE

FL

Zip Code

33334

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

07.09.01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PEREIRA, FRANKLIN	
STREET ADDRESS	1465 NE 53RD STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGER, MYRIAN	
STREET ADDRESS	1465 NE 53RD STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.09.01

(954) 695-9018

Date

Daytime Phone #

0070222 AV

CR2E034 (5/01)

Franklin Franca Pereira  
1465 NE 53<sup>rd</sup>. Street,  
Ft. Lauderdale, FL 33334

Attachment  
of pag 00000000  
A007148

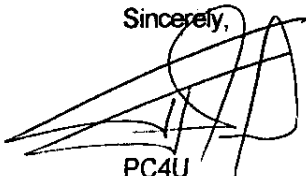
July 9, 2001

To  
DIVISION OF CORPORATIONS  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am sending attached the Uniform Business Report (UBR) duly completed. I am sending also the amount of \$150.00 for the fee. I ask your understanding to allow me to pay the \$150.00 instead of the \$550.00 because I never received the information to make the payment before, please.

Sincerely,



PC4U  
Franklin Franca Pereira