

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082188

1. Entity Name

PJW MANAGEMENT, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90916 019 ***150.00

Principal Place of Business

Mailing Address

5055 COLLINS AVE
APT 4N
MIAMI BEACH FL 33140

5055 COLLINS AVE
APT 4N
MIAMI BEACH FL 33140-2708

2. Principal Place of Business

4441 COLLINS AVE

Suite, Apt. #, etc.

452

City & State
MIAMI BEACH FL

Zip
33140

Country
USA

3. Mailing Address

4441 COLLINS AVE

Suite, Apt. #, etc.

452

City & State
MIAMI BEACH FL

Zip
33140

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0867055

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

Name

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

City

FL

Zip Code

GELLES, JARED
2950 SW 27TH AVE
STE 210
MIAMI FL 33133

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

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 ☐ Delete

NAME
D MOSKOVITS, ALEX
STREET ADDRESS
5055 COLLINS AVE APT 4N
CITY-ST-ZIP
MIAMI BEACH FL 33140

TITLE ☒ Delete

NAME
T MARIA MOSKOVITS
STREET ADDRESS
5055 COLLINS AVE APT 4N
CITY-ST-ZIP
MIAMI BEACH FL 33140

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME
D MELANIE MUSS
STREET ADDRESS
650 WEST AVENUE, APT 3108
CITY-ST-ZIP
MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Melanie Muss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000

Date

(305) 866-6357

Daytime Phone #

CR2E034 (9/99)