

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90013 026 ***150.00

0173874

DOCUMENT # P98000082188

1. Entity Name

PJW MANAGEMENT, INC.

Principal Place of Business

**4441 COLLINS AVE
 452
 MIAMI BEACH FL 33140**

Mailing Address

**4441 COLLINS AVE
 452
 MIAMI BEACH FL 33140**

2. Principal Place of Business

(same)

3. Mailing Address

(same)

Suite, Apt. #, etc.

(same)

Suite, Apt. #, etc.

(same)

City & State

(same)

City & State

(same)

Zip (same)

Country (same)

Zip (same)

Country (same)

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

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

7. Name and Address of New Registered Agent

Name **Jared Gelles (same)**

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

1101 Brickell Avenue, Suite 1400

City **Miami**

FL

Zip Code
33131

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MUSS, MELANIE**
 STREET ADDRESS **650 WEST AVE APT 3108**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001

Date

(305) 866-6357

Daytime Phone #

CR2E034 (10/00)