

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
 03-05-2002 90147 016 ***150.00

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DOCUMENT # P99000017167

1. Entity Name

PTS-ORLANDO MANAGEMENT CORP.

Principal Place of Business

Mailing Address

**17000 VENTURA BOULEVARD #302
 ENCINO CA 91316**

**17000 VENTURA BOULEVARD #302
 ENCINO CA 91316**

2. Principal Place of Business

17200 Ventura Blvd.

3. Mailing Address

17200 Ventura Blvd.

Suite, Apt. #, etc.

SUITE #125

Suite, Apt. #, etc.

SUITE #125

City & State

ENCINO, CA

City & State

ENCINO, CA

Zip

91316

Country

USA

Zip

91316

Country

USA

4. FEI Number

95-4724869

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

PTS Orlando Mgmt Corp by [Signature] **2/13/02**

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, 2002 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 **P** ☐ Delete
 NAME **SOLOMAN, STUART**
 STREET ADDRESS **17000 VENTURA BLVD STE 302**
 CITY-ST-ZIP **ENCINO CA 91316**

TITLE **S** ☐ Delete
 NAME **SOLOMAN, MICHAEL**
 STREET ADDRESS **17000 VENTURA BLVD STE 302**
 CITY-ST-ZIP **ENCINO CA 91316**

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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 an officer like empowered.

PTS Orlando Mgmt Corp
SIGNATURE **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02 **8/8/9816700**
 Date Daytime Phone #

CR2E034 (9/01)