

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030477

1. Entity Name

PRESENTATION CONCEPTS, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90032 017 ***550.00

Principal Place of Business

12751 SW 149TH ST.
MIAMI FL 33186

Mailing Address

12751 SW 149TH ST.
MIAMI FL 33186

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

Zip

33186

Country

4. FEI Number

65-0917109

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL ORBE, ANANOSAY
12751 SW 149TH ST.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

DELOBRE ANANOSAY

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

12751 SW 149TH ST.

City

MIAMI

FL

Zip

33186

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

DELOBRE, ANANOSAY

X [Signature]

7/23/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DEL ORBE, ANANOSAY
12751 SW 149TH ST.
MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TIO, LEO
12751 SW 149TH ST.
MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

X [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 7/23/00

Date

Daytime Phone #

305-253-7450

CP2000 (5/00)