

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA900030477**

1. Entity Name
Presentation Concepts, INC.

FILED

01 DEC 31 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**14465 SW 144 Ct.
Miami, FL. 33186**

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 **05-0917109** 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

7. Name and Address of New Registered Agent

**Leo M. Tio 14465 SW 144th Ct.
Miami FL. 33186**

Ava Tio

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

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 **LS \$5.00** May Be Added to Fees
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **Ava Tio Pres.** ☐ Delete
STREET ADDRESS **14465 SW 144 Ct.**
CITY-ST-ZIP **Miami FL. 33186**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **500004765385--7**
CITY-ST-ZIP **-01/10/02--01073--023**
******150.00 ****150.00**

TITLE NAME **Leo Tio Secretary** ☐ Delete
STREET ADDRESS **14465 SW 144 Ct.**
CITY-ST-ZIP **Miami FL. 33186**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/01

Date

305-253-7496

Daytime Phone #

CR2E034 (11/00)

14465 SW 144th Court
Miami, FL 33186

2082

Presentation Concepts, Inc.

October 30, 2001

Florida Dept. of State,
Div. Of Corporations
P.O. box 6327
Tallahassee, Florida,
32314-6327

RE. P99000030477
Tax I.D.# 65-0917109

Dear Sir or Madam:

In reference of your last letter stating dissolution of Presentation Concepts, Inc. as a company in the state of Florida for not filling a uniform business report for the year 2000, we checked with our accountant and concluded that we never received the form in the mail, now, we will comply and file the said form, and accept the \$150.00 reinstating fee, if you agree, please respond promptly.

Sincerely,

Leo Tio



Secretary

