## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P9900031918 Mar 29, 2000 8:00 am **Secretary of State** PLM USA, INC. 03-29-2000 90038 039 \*\*\*150.00 Mailing Address Principal Place of Business 924 E. SAMPLE ROAD 924 E. SAMPLE ROAD POMPANO BEACH FL 33064-5131 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address 508 S. MILITARY TRACL 3333 W.ATLANTIC BLUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. UN IT. 12 Applied For 4. FEI Number City & State City & State 65-0912559 Not Applicable BEACH POMPANO Dearfield BEACH Country \$8.75 Additional Zip 5. Certificate of Status Desired 33442 Fee Required 33069 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE IN ADDRESS NAME V. E.Z. PAUBINAR NAME RENSBURG, J.V. SOR S. MILITARY TRAIL STREET ADDRESS STREET ADDRESS 924 E. SAMPLE ROAD CITY-ST-ZIP CITY-ST-ZIF DEERFIGELD BEACH, PL 33442 POMPANO BEACH FL 33064 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ~ ☐ Addition --- Delete ---TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chanoe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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, the first empowered. CIMED **SIGNATURE**

NING OFFICER OR DIRECTOR