

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000041413**

1. Entity Name

**PERSONAL FINANCIAL
PLANNING GROUP, INC**

FILED
Jun 28, 2000 8:00 am
Secretary of State

06-28-2000 90001 014 ***150.00

Principal Place of Business

5975 SUNSET DRIVE
SUITE 807
SOUTH MIAMI FL 33143

Mailing Address

5975 SUNSET DRIVE
SUITE 807
SOUTH MIAMI FL 33143-5174

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
650926419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RACKEAR, GARY S ESQ.
5975 SUNSET DRIVE
SUITE 807
SOUTH MIAMI FL 33143

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) ☐

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 **CEO** ☐ Delete
NAME **GAIL R. Schneider**
STREET ADDRESS **5975 SUNSET DR #807**
CITY-ST-ZIP **S. MIAMI FL 33143**

TITLE **Chief Executive Officer/Director** ☐ Change ☐ Addition
NAME **GAIL R. Schneider**
STREET ADDRESS **5975 SUNSET DRIVE #807**
CITY-ST-ZIP **S. MIAMI FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Gail R. Schneider**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00
Date

Daytime Phone



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 6, 2000

PERSONAL FINANCIAL PLANNING GROUP, INC.
5975 SUNSET DRIVE
SUITE 807
SOUTH MIAMI, FL 33143

Subject: **PERSONAL FINANCIAL PLANNING GROUP, INC.**

Reference Number: **P99000041413**

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG

ANNUAL REPORTS SECTION