

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90160 003 \*\*\*150.00

**DOCUMENT #** P99000048645

**1. Entity Name**

P&B HOLDINGS INTERNATIONAL INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2701 S State Rd. 7

Suite, Apt. #, etc.

**3. Mailing Address**

2701 S State Rd. 7

Suite, Apt. #, etc.

**City & State**

Hollywood, Florida

**City & State**

Hollywood, Florida

**Zip**

33021

**Country**

USA

**Zip**

33021

**Country**

USA

**4. FEI Number**

65-0924780

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

THOMAS, JOSE CPA

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

12839 NW 18 th Court

**City**

Pembroke Pines

**FL**

**Zip Code**

33028

**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**

JOSE THOMAS CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

4/22/2002

**9. This corporation is eligible to satisfy its Intangible**

**Tax filing requirement and elects to do so.**

(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

<b>TITLE</b>	D
<b>NAME</b>	PATHYIL, PHILIP
<b>STREET ADDRESS</b>	2701 S State Rd. 7
<b>CITY-ST-ZIP</b>	Hollywood, Florida - 33021
<b>TITLE</b>	D
<b>NAME</b>	Onnisseril, Joseph
<b>STREET ADDRESS</b>	2701 South State Rd. 7
<b>CITY-ST-ZIP</b>	Hollywood, Florida 33021
<b>TITLE</b>	D
<b>NAME</b>	Mannattuparampil, Tom
<b>STREET ADDRESS</b>	2701 S State Rd. 7
<b>CITY-ST-ZIP</b>	Hollywood, Florida 33021
<b>TITLE</b>	D
<b>NAME</b>	Onnisseril, Shylamma
<b>STREET ADDRESS</b>	2701 South State Rd. 7
<b>CITY-ST-ZIP</b>	Florida 33021
<b>TITLE</b>	D
<b>NAME</b>	Mannattuparampil, Vijayamma
<b>STREET ADDRESS</b>	2701 S State Rd. 7
<b>CITY-ST-ZIP</b>	Hollywood, Florida - 33021
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

**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 on an attachment with an address, with all other like empowerers.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANATTUPARAMPIL, Tom

**Date**

**Daytime Phone #**

4/22/02

954 470 7849