

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050726

1. Entity Name

P-CUBED, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90198 020 ***150.00

Principal Place of Business

Mailing Address

100 SOUTHEAST SECOND STREET, 17TH FLOOR
MIAMI FL 33131-1101

100 SOUTHEAST SECOND STREET, 17TH FLOOR
MIAMI FL 33131-2158

603581



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0924030

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PARKER, THOMAS M ESQ.
100 SOUTHEAST SECOND STREET, 17TH FLOOR
MIAMI FL 33131-1101

Name CLINTON PAYNE, ESQ
Street Address (P.O. Box Number is Not Acceptable)
100 SE 2ND ST, 18TH FLOOR
City MIAMI FL FL Zip Code 33131

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 *X Clinton Payne*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/00

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME CLINTON PAYNE PRES. Director ☐ Delete
STREET ADDRESS 100 SE 2ND ST, 18TH FL
CITY-ST-ZIP MIAMI FL 33131

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

TITLE NAME VP, SEC. THOMAS M. PARKER ☐ Delete
STREET ADDRESS 1415 16TH ST, 15TH
CITY-ST-ZIP MIAMI BEACH, FL 33139

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

TITLE NAME VP, TRS. DARBY PLUMMER ☐ Delete
STREET ADDRESS 935 CASTILLE PARRA
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
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 info empowered.

SIGNATURE: *X Clinton Payne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00 (305) 789-9200

CR2E034 (9/99)