

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2001 8:00 am**  
**Secretary of State**

08-22-2001 90001 027 \*\*\*150.00

**DOCUMENT #** **P99000053630**

**1. Entity Name**  
**THE PETERSSON ENTERTAINMENT GROUP, INC.**

**Principal Place of Business** **Mailing Address**  
**30 E. 39TH STREET, APT. #209** **30 E. 39TH STREET, APT. #209**  
**HIALEAH FL 33013** **HIALEAH FL 33013**

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0926947** **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**

**BENITEZ, JUDITH M** **Name**  
**30 E. 39TH STREET, APT. #209** **Street Address (P.O. Box Number is Not Acceptable)**  
**HIALEAH FL 33013** **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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENITEZ, JUDITH M</b> <b>30 E. 39TH STREET, APT. #209</b> <b>HIALEAH FL 33013</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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]* **REQUIRED** **Aug 16 2001 (305) 558-3404**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0010003

CR2E034 (5/01)

Aug 16, 2001

Attachment  
#9900005363  
A0082324

To whom it may concern,

I Judith M. Benitez do solemnly swear  
that the first issue of the 2001 Uniform  
Business Report did not arrive to me.

Please accept this Notice with enclosed check  
for \$150.00 and the documentation as needed  
by your offices. I am in good credit  
standing and an organized individual and I  
sincerely do not know why the first copy did  
not arrive.

Thank you  
for your time and I hope you  
can excuse the Postal error when I  
did not receive the first Notice.

Judith M. Benitez