

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054428

1. Entity Name

PMP II OF BROWARD, INC.

Principal Place of Business

150 N FEDERAL HWY. SUITE 200A  
FT LAUDERDALE FL 33301

Mailing Address

150 N FEDERAL HWY. SUITE 200A  
FT LAUDERDALE FL 33301

2. Principal Place of Business

17 S.E. 24th Avenue  
Suite, Apt. #, etc.

3. Mailing Address

17 S.E. 24th Avenue  
Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

65-0943462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILKES, JOHN P  
150 N FEDERAL HWY, SUITE 200A  
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name  
Wilkes, John P.  
Street Address (P.O. Box Number is Not Acceptable)  
901 S. Federal Hwy, Suite 101A  
City  
Ft. Lauderdale FL Zip Code  
33316

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	RUPP, STEPHEN	
STREET ADDRESS	150 N FEDERAL HWY, SUITE 200A	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	FALTERBAUER, HARRY	
STREET ADDRESS	150 NORTH FEDERAL HWY. SUITE 200-A	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPP STEPHAN	
STREET ADDRESS	17 SE 24 AVE	
CITY-ST-ZIP	POMPAHO BEACH FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALTERBAUER HARRY	
STREET ADDRESS	17 SE 24 AVE	
CITY-ST-ZIP	POMPAHO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01 954-785-4948

Date

Daytime Phone #

CR2E034 (10/00)

0242277

FILED  
Apr 06, 2001 8:00 am  
Secretary of State

04-06-2001 90015 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE