

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90346 035 ***150.00

DOCUMENT # P99000065912

1. Entity Name

PC Solutions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2800 N 34 Ave

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33021

Country

USA

Country

4. FEI Number

650936901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Tucker, William D Esq

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

735 NE Third Ave

City

Fort Lauderdale

FL

Zip Code

33304

**DO NOT WRITE
IN THIS SPACE**

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) ☒

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Jeffrey Zurawin 2800 N 34 Ave Hollywood, FL 33021	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered.

SIGNATURE:

Jeffrey Zurawin, PSTD

6/27/02

854/868-9595

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)

Attachment
799 088065912
119564

6/27/02

To Whom It May Concern:

I did not receive my 2002 UBR forms.

I spoke with one of you agents who informed me to download it from the website.

I am requesting as a one-time courtesy that you please waive any late fees.

Enclosed is a check in the amount of \$150.00.

Thank you for your cooperation in this matter.

Sincerely,

Jeffrey Zurawin