

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091320

1. Entity Name

P.J.C. USA, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90115 001 ***150.00

05-06-2000 90115 002 *****8.75

Principal Place of Business

Mailing Address

9923 EAST BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154

9923 EAST BAY HARBOR DRIVE
BAY HARBOR ISLANDS FL 33154-1511

2. Principal Place of Business

9301 E. BAY HARBOR DR

3. Mailing Address

9301 E. BAY HARBOR DR

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

BAY HARBOR ISLANDS, FL

City & State

BAY HARBOR ISLANDS, FL

4. FEI Number

65 0957098

Applied For

Not Applicable

Zip

33154

Country

USA

Zip

33154

Country

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

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

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, 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 PSTD ☒ Delete
NAME CLARK, GEORGE R
STREET ADDRESS 9923 EAST BAY HARBOR DRIVE
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE PSTD ☒ Change ☐ Addition
NAME PETER J. CRAIG
STREET ADDRESS 9301 E. BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)