

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91501 020 \*\*\*158.75

**DOCUMENT # P99000091320**

1. Entity Name  
**P.J.C. USA, INC.**

Principal Place of Business  
**9301 E BAY HARBOUR DRIVE  
# 3  
BAY HARBOR ISLANDS FL 33154**

Mailing Address  
**9301 E BAY HARBOUR DRIVE  
# 3  
BAY HARBOR ISLANDS FL 33154**



2. Principal Place of Business  
**2825 NW 2<sup>nd</sup> AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2825 NW 2<sup>nd</sup> AVE.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-0957098**

Applied For  
Not Applicable

Zip  
**33127**

Country  
**USA**

Zip  
**33127**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PSTD</b>			
	<b>CRAIG, PETER J</b>			
	<b>9301 E BAY HARBOUR DRIVE</b>			
	<b>BAY HARBOR ISLANDS FL 33154</b>			

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02 305 7425931**

Date

Daytime Phone #

CR2E034 (9/01)