

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90740 036 ***150.00

DOCUMENT # S54840

1. Entity Name
P.F.B. INTER-APPAREL, CORP.



Principal Place of Business

**10050 NW 116W
SUITE 13
MIAMI FL 33178
US**

Mailing Address

**10050 NW 116 W
SUITE 13
MIAMI FL 33178
US**

70025265



2. Principal Place of Business

**3840 Executive Way
Suite, Apt. #, etc.**

3. Mailing Address

**Same as principal
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State

Muraman, FL

City & State

Muraman, FL

4. FEI Number **65-0271374**

Applied For

Not Applicable

Zip

33025 USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**PILORGE, KATHLEEN
1044 N. NORTH LAKE DR.
HOLLYWOOD FL 33019**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **EVP** ☐ Delete
NAME **PILORGE, KATHLEEN**
STREET ADDRESS **1044 N. NORTH LAKE DR.**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **P** ☐ Delete
NAME **PILORGE, FRANTZ**
STREET ADDRESS **1044 N. NORTH LAKE DR**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **VP** ☐ Delete
NAME **LEMKE, WILHELM**
STREET ADDRESS **7722 SW 94 TERR**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KATHLEEN PILORGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/2003

954-342-0800

CR2E034 (10/02)