

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90064 042 ***150.00

DOCUMENT # V67560

1. Entity Name
P. N. MANAGEMENT COMPANY

Principal Place of Business
7100 W. CAMINO REAL
SUITE 300
BOCA RATON FL 33433
US

Mailing Address
1422 EUCLID AVE C/O THE LIPSON GROUP
1500 HANNA BLDG
CLEVELAND OH 44115

2. Principal Place of Business
ONE PARK PLACE Executive Suites

3. Mailing Address

Suite, Apt. #, etc. **621 NW 53RD**
Suite 240

Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State

Zip
33487

Country

Zip

Country

4. FEI Number
65-0357316

Applied For
Not Applicable

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

C/O I.F.D.
777 YAMATO ROAD
SUITE 135
BOCA RATON FL 33431

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELRAD, MARTIN H 1422 EUCLID AVE, 1500 HANNA BLDG CLEVELAND OH 44115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

2/20/02 **216-861-1100**
Date **Daytime Phone #**

CR2E034 (9/01)