

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90082 016 ***150.00

DOCUMENT # 241339

1. Entity Name

P.E.P., INC.

Principal Place of Business

Mailing Address

1833 S.E. 17TH ST., PILOT HOUSE BLDG.
 13017 PORT EVERGLADES STATION
 FT LAUDERDALE FL 33316

1833 S.E. 17TH ST., PILOT HOUSE BLDG.
 13017 PORT EVERGLADES STATION
 FT LAUDERDALE FLA 33316

00073460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0913068

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JACKSON, ROBERT I
1833 SE 17TH ST
FT LAUDERDALE, FL
33316

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	VD	<input type="checkbox"/> Delete
NAME	BORUP, C.B.	
STREET ADDRESS	2611 S.E. 21ST ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THORUP, W. B. J	
STREET ADDRESS	5555 S.W. 61ST AVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARENT, ROLAND R.	
STREET ADDRESS	705 SE 5TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAIRSTON, JAMES D	
STREET ADDRESS	1535 PONCE DE LEON DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKSON, ROBERT I	
STREET ADDRESS	1833 S.E. 17TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORMACK, KEVIN L	
STREET ADDRESS	715 SE 9TH ST.	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW H. Edelstein	
STREET ADDRESS	501 N.E. 10th AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. CUNNINGHAM	
STREET ADDRESS	3801 N. 32 AVE.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

V.B.

4/20/00 (954) 522-4491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99