

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90107 003 ***150.00

DOCUMENT # F96000002134

1. Entity Name

PEBAR, INC.

Principal Place of Business

Mailing Address

C/O DON M. SALLINGER, ESQUIRE
 5520 LBJ FREEWAY, #340
 DALLAS TX 75240

LYNN & HANSON, P.A. (ATTN: JOHN LYNN)
 48 N.E. 15TH STREET, SECOND FLOOR
 HOMESTEAD FL 33030-4507

2. Principal Place of Business

3. Mailing Address

5925 Forest Lane

Suite, Apt. #, etc.

Suite 110

City & State
 Dallas, Texas

City & State

4. FEI Number

75-2585643

Applied For

Not Applicable

Zip

Country

75230

Dallas

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNN, JOHN M ESQ
 LYNN & HANSON, P.A.
 48 N.E. 15 STREET, SECOND FLOOR
 HOMESTEAD FL 33030

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | P <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRIOS, ELIGIO | NAME | |
| STREET ADDRESS | 5520 LBJ FRWY., SUITE 340 | STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX 75240 | CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALL, ELAINE | NAME | |
| STREET ADDRESS | 5520 LBJ FRWY., SUITE 340 | STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX 75240 | CITY-ST-ZIP | |
| TITLE | P. <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Barrios, Eligio | NAME | |
| STREET ADDRESS | 5925 Forest Lane, No. 110 | STREET ADDRESS | |
| CITY-ST-ZIP | Dallas, Texas 75230 | CITY-ST-ZIP | |
| TITLE | V.P. <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Elaine Hall | NAME | |
| STREET ADDRESS | 5925 Forest Lane, No. 110 | STREET ADDRESS | |
| CITY-ST-ZIP | Dallas, Texas 75230 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(l), 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:

Eligio Barrios, President

March 20th 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 10/00