

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

04-17-2002 90122 010 ***150.00

DOCUMENT # P00000115060

1. Entity Name

Pepe Masonry Inc.

Principal Place of Business / Mailing Address
3795 WIACONSIN STREET / 3795 Wisconsin st
LAKE WORTH FL #33461 / Lake Worth FL 33461

93743

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business / 3. Mailing Address
3795 WISCONSIN ST / 3795 Wisconsin st
Suite, Apt. #, etc. / Suite, Apt. #, etc.

City & State / City & State / 4. FEI Number / Applied For
LAKE WORTH FL / Lake Worth FL / 65-1062996 / Not Applicable

Zip / Country / Zip / Country / 5. Certificate of Status Desired / \$8.75 Additional Fee Required
33461 / PLM BCH / 33461 / PLM BCH / / \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOSE D LORENZO
3795 WISCONSIN ST
LAKE WORTH FL 33461

7. Name and Address of Now 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]* / DATE 04/05/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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	PD JOSE D LORENZO <input type="checkbox"/> Delete 3795 WISCONSIN ST LAKE WORTH FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* / Date 4/5/02 / Daytime Phone # 561-354-4556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR02PM4 (9/01)