FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

Aug 13, 2002 8:00 am Secretary of State DOCUMENT # P01000029974 07-29-2002 90001 010 \*\*\*150 00 1. Entity Name PEAK PERFORMANCE CONSULTING, INC. Principal Place of Business Mailing Address 15795 SW 149 TERRACE 15795 SW 149 TERRACE 41165 MIAMI FL 33196 MIAMI FL 33198 Principal Place of Busines 15759 SW 3. Mailing Address Ter. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For iam iam Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33196 Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name **MORENO: JENIFER** Street Address (P.O. Box Number is Not Acceptable) 15795 SW, 149 TERRACE MIAMI FL 33196 City 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE ☐ Delete TITLE CR2E034 (4/02) ☐ Chance Addition Jenifer Moreno NAME NAME 15759 JW149 Ter. STREET ADDRESS STREET ADDRESS Miami, FL 33156 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITL F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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)(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 in changed, or on an attachment with an address, with all other like empowered.

Attalunal



#9010000 27971 15759 SW 149 TERRACE

MIAMI, FL 33196 PHONE: 786-236-1376 FAX: 305-232-6416

EMAIL MORENO92@BELLSOUTH.NET

July 25, 2002

Florida Department of State Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Dear Florida Department of State,

We recently received a Uniform Business Report form indicating that we should pay \$550.00. We never received the initial form sent. Please note that the address for principal place of business as well as mailing address is incorrect. Enclosed please find a check for the original \$150.00 as well as the report. If you have any questions, please call me at 786-236-1376.

Sincerely,

Jenifer Moreno

President