

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90025 045 ***150.00

DOCUMENT # **P95000025406**

1. Entity Name
PHP HOLDINGS, INC

Principal Place of Business
1410 N WESTSHORE BLVD
SUITE 200
TAMPA FL 33607

Mailing Address
1410 N WESTSHORE BLVD
SUITE 200
TAMPA, FL 33607

00062827

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0569629		Applied For <input type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Zip		Country		Country	

6. Name and Address of Current Registered Agent
FERNANDEZ, MICHAEL B
2333 PONCE DE LEON BLVD
STE 303
CORAL GABLES, FL 33134

7. Name and Address of New 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 _____ DATE _____
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete	DPC FERNANDEZ MICHAEL B 2333 PONCE DE LEON BLVD; STE 303 CORAL GABLES, FL 33134	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	S JIMENEZ, PETER 2333 PONCE DE LEON BLVD; STE 303 CORAL GABLES, FL 33134	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	T BROWN, FRED W 1410 N WESTSHORE BLVD, STE 200 TAMPA, FL 33607	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	D KOEPPEL, ROBERT 2333 PONCE DE LEON BLVD; STE 303 CORAL GABLES, FL 33134	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	D STOWE, RICK 2333 PONCE DE LEON BLVD; STE 303 CORAL GABLES, FL 33134	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	D MELKUS, KEN 2333 PONCE DE LEON BLVD; STE 303 CORAL GABLES, FL 33134	TITLE <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:  **FRED W BROWN** Date: **5/30/2000** (813) 829-8318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)