

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90203 022 ***150.00

DOCUMENT # P95000025406
 1. Entity Name
PHP HOLDINGS, INC.

Principal Place of Business 1410 N. WESTSHORE BLVD SUITE 200 TAMPA FL 33607 US	Mailing Address 1410 N. WESTSHORE BLVD SUITE 200 TAMPA FL 33607 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0569629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERNANDEZ, MICHAEL B
~~2333 PONCE DE LEON BOULEVARD~~
~~SUITE 303~~
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
55 ALHAMBRA PLAZA
7TH FLOOR
 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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DPC FERNANDEZ, MICHAEL B 2333 PONCE DE LEON BLVD., STE 303 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP JIMENEZ, PETER 2333 PONCE DE LEON BLVD., STE 303 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP BROWN, FRED W. 1410 N. WESTSHORE BLVD., STE 200 TAMPA FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ST ABOOD, JOSEPH 2333 PONCE DE LEON BLVD., STE 200 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MEDEL, ROGER J MD 1301 CONCORD TERR SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D MELKUS, KEN 2333 PONCE DE LEON BLVD., #303 CORAL GABLES FL 33134

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 55 ALHAMBRA PLAZA; 7TH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 55 ALHAMBRA PLAZA; 7TH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Abood 55 ALHAMBRA PLAZA; 7TH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D ROBERT KOEPEL KOEPEL 55 ALHAMBRA PLAZA; 7TH FL CORAL GABLES, FL 33134

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 VP Date: 1/10/2002 Daytime Phone #: (813) 829-5318

CR2E034 (9/01)