

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002576 AF

00 APR 13 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000540

1. Entity Name
PEG HOLDINGS, L.C.

Principal Place of Business

1428 BRICKELL AVE SUITE 400
MIAMI FL 33131

Mailing Address

1428 BRICKELL AVE SUITE 400
MIAMI FL 33131-3436

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

MM

4. FEI Number

65-0542376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, PAUL M
1428 BRICKELL AVE SUITE 400
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MEM CUMMINGS, PAUL M ☐ Delete
STREET ADDRESS 1428 BRICKELL AVE SUITE 400
CITY- ST- ZIP MIAMI FL 33131

TITLE NAME MEM VOLSKY, GEORGE ☐ Delete
STREET ADDRESS 1101 BRICKELL AVE SUITE 1400
CITY- ST- ZIP MIAMI FL 33131

TITLE NAME MEM JACOBS, ERIC ☐ Delete
STREET ADDRESS 13594 SW 58TH AVE
CITY- ST- ZIP MIAMI FL 33156

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003223674-3
CITY- ST- ZIP -04/25/00-01097-007
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/10/00

Date

305-371-7800

Daytime Phone #

CR2E083 (9/99)