

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
04-25-2001 90029 022 \*\*\*150.00

0153888

**DOCUMENT # F98000002857**

1. Entity Name

**PEEBLES ATLANTIC DEVELOPMENT CORPORATION**

Principal Place of Business

**100 SE 2ND ST., SUITE 4650  
MIAMI FL 33131**

Mailing Address

**100 SE 2ND ST., SUITE 4650  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **52-1878092**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | PD                         | <input type="checkbox"/> Delete |
| NAME           | PEEBLES, R. D              |                                 |
| STREET ADDRESS | 100 SE 2ND ST., SUITE 4650 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131             |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | EVP                   | <input type="checkbox"/> Delete |
| NAME           | MATLOF, RICHARD       |                                 |
| STREET ADDRESS | 100 SE 2ND ST., #4650 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131        |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | T                          | <input type="checkbox"/> Delete |
| NAME           | LOPEZ-DUPREY, RENE         |                                 |
| STREET ADDRESS | 100 SE 2ND ST., SUITE 4650 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131             |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | S                          | <input type="checkbox"/> Delete |
| NAME           | KOHLER, MICHELLE           |                                 |
| STREET ADDRESS | 100 SE 2ND ST., SUITE 4650 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131             |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| 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 owner 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01

305 995-5380

CR2E034 (10/00)