

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90115 048 ***158.75

0171120

DOCUMENT # 237414

1. Entity Name
PEPIS CORP.

Principal Place of Business

**C/O SALLY ERTAG
 1600 WEST AVE., #401
 MIAMI BEACH FL 33139**

Mailing Address

**C/O SALLY ERTAG
 1600 WEST AVE., #401
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0914450**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ERTAG, SALLY
 1600 WEST AVENUE
 #401
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **Sharon Gumpel**
 Street Address (P.O. Box Number is Not Acceptable) **3318 Ottawa Lane**
~~1600 West Ave #401~~
~~Miami Beach~~
 City **Cooper City** FL Zip Code **33026**

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 **Sharon Gumpel** (President) **Sharon Gumpel** **4/5/01**
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

TITLE **ST**
 NAME **ERTAG, SALLY** ☐ Delete
 STREET ADDRESS **1600 WEST AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D**
 NAME **GOLDMAN, YETTA** ☐ Delete
 STREET ADDRESS **230 174TH ST.**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D**
 NAME **ROTHBAUM, MINNIE** ☐ Delete
 STREET ADDRESS **300 BAYVIEW DR.**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **P**
 NAME **GUMPEL, SHARON** ☐ Delete
 STREET ADDRESS **3318 OTTAWA LANE**
 CITY-ST-ZIP **COOPER CITY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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 **Sharon Gumpel** **Sharon Gumpel** **4/5/01** **(954) 609-0701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)