

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90336 006 ***150.00

מס' תעודת זהות: 3525471

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
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

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
GUMPEL, SHARON
3318 OTTAWA LN #401
COOPER CITY FL 33026

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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, 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
Delete
ST
ERTAG, SALLY
1600 WEST AVE.
MIAMI BEACH FL
Delete
D
GOLDMAN, YETTA
230 174TH ST.
MIAMI BEACH FL
Delete
D
ROTHBAUM, MINNIE
300 BAYVIEW DR.
MIAMI BEACH FL
Delete
P
GUMPEL, SHARON
3318 OTTAWA LANE
COOPER CITY FL
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
Change
Addition
Change
Addition
Change
Addition
Change
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: Sharon Gumpel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #