

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90055 002 \*\*\*150.00

<b>DOCUMENT #</b> G22830				<b>1. Entity Name</b>	
PEGO LIGHTING, INC.					
<b>Principal Place of Business</b>		<b>Mailing Address</b>			
P.O. BOX 44-0009 MIAMI, FL 33144-0009		P.O. BOX 44-0009 MIAMI, FL 33144-0009			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2752508	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PEREZ, JUAN REINALDO 5407 SW 8TH STREET MIAMI, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>  SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JUAN REINALDO		NAME		
STREET ADDRESS	5407 SW 8TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33134		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ PEREZ, ZOILA		NAME		
STREET ADDRESS	5407 SW 8TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33143		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/17/01</u> Daytime Phone # _____	

CR2E034 (11/00)