

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90225 031 ***150.00

DOCUMENT # K03775

1. Entity Name

PEPE & NEMIRE, P.A.

Principal Place of Business

Mailing Address

1500 SAN REMO AVENUE

1500 SAN REMO AVENUE

STE. 220

STE. 220

CORAL GABLES FL 33146-3047

CORAL GABLES FL 33146-3047

US

US

2. Principal Place of Business

1450 Madruga Avenue

3. Mailing Address

1450 Madruga Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

Suite 202

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33146

US

33146

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEPE, THOMAS F.

1500 SAN REMO AVENUE

STE. 220

CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

1450 Madruga Avenue

Suite 202

City

Coral Gables

FL

Zip Code
33146

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
PEPE, THOMAS F.
1500 SAN REMO AVENUE, STE. 220
CORAL GABLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1450 Madruga Avenue, Suite 202
Coral Gables, FL 33146

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

(305) 667-2564

Daytime Phone #

CR2E034 (9/01)