

# 2001 UNIFORM BUSINESS REPORT (UBR)

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0009018  
AF

DOCUMENT # L00000000310

1. Entity Name  
PEPEX.NET, LLC

FILED

01 APR 16 PM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2699 SOUTH BAYSHORE DRIVE, 5TH FLOOR  
C/O MIGUEL G. FARRA, ESQ.  
MIAMI FL 33133

Mailing Address  
2699 SOUTH BAYSHORE DRIVE, 5TH FLOOR  
C/O MIGUEL G. FARRA, ESQ.  
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0975945

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUFMAN ROSSIN & CO.  
2699 SOUTH BAYSHORE DRIVE, 5TH FLOOR  
C/O MIGUEL G. FARRA, ESQ.  
MIAMI FL 33133

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Boris J. Bourgeois*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/30/01

(305) 447-0440

Date

Daytime Phone #

CR2E083 (11/00)

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**PEPEX.NET, LLC  
MANAGERS/MEMBERS**

Boris Marchegiani	Manager	220 Alhambra Circle Suite 350 Coral Gables, FL 33134
Roberto Finocchi	Manager	220 Alhambra Circle Suite 350 Coral Gables, FL 33134
J. Tim Wilk	Manager	1001 McKinney Street Suite 1700 Houston, TX 77002
J. Terrence Hammer	Manager	800 South Street Waltham, MA 02124
Lawrence J. Goldstein	Manager	3 Park Avenue, 26th Floor New York, NY 10016
Dirk Manelski	Manager	90 Williams Street New York, NY 10038
Eric Reehl	Manager	115 E. 69 <sup>th</sup> Street New York, NY 10021
Richard L. Sandor, PhD	Manager	111 West Jackson 14 <sup>th</sup> Floor Chicago, IL 60604
Justin Wender	Manager	Castle Harlan, Inc. 150 East 58 <sup>th</sup> Street New York, NY 10155
David McKown	Manager	255 State Street Boston, MA 02109