

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -3 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000012700
1. Entity Name
 PE COMMERCIAL, LLC

Principal Place of Business **Mailing Address**
 6714 PINES BLVD 6714 PINES BLVD
 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 65-1046611 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CRUZ, CLEMENTE J
 6714 PINES BLVD
 PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent
 Name: CLEMENTE E. CRUZ
 Street Address (P.O. Box Number is Not Acceptable): 6714 PINES BLVD.
 City: PEMBROKE PINES FL Zip Code: 33024

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: CLEMENTE E. CRUZ, MANAGING MEMBER DATE: 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

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

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 -05/25/01--01073--002
 *****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGING MEMBER	CLEMENTE E. CRUZ	6714 PINES BLVD.	PEMBROKE PINES, FL. 33024	<input type="checkbox"/>
MEMBER	CLEMENTE J. CRUZ	6714 PINES BLVD.	PEMBROKE PINES, FL. 33024	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: CLEMENTE E. CRUZ DATE: 4/27/01 (954) 961-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)