

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90205 027 \*\*\*\*50.00

DOCUMENT # L000Q0014809

1. Entity Name

PEPE INVESTMENTS, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1045 Morning Sun Way

Suite, Apt. #, etc.

3. Mailing Address

1045 Morning Sun Way

Suite, Apt. #, etc.

City & State

Las Vegas, NV

City & State

Las Vegas, NV

4. FEI Number

65-1062260

Applied For

Not Applicable

Zip

89110

Country

USA

Zip

89110

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Bernard A. Singer, Esq.

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

3107 Stirling Road, Suite 105

City

Ft. Lauderdale

FL

Zip Code  
33312

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

5/3/02

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Harry N. Peper, Jr. Living Trust  
1045 Morning Sun Way  
Las Vegas, NV 89110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Lucille Scaglione  
1045 Morning Sun Way  
Las Vegas, NV 89110

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

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

Date

Daytime Phone #

5/3/02

CR2E083B (12/01)