

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

0034422

**DOCUMENT # L01000011055**

1. Entity Name

**PETER PAUL ARTS, LLC**

03-05-2002 90258 001 \*\*\*\*\*50.00

03-05-2002 90258 002 \*\*\*\*\*5.00

Principal Place of Business

**4701 OAK TERRACE DRIVE  
GREENACRES FL 33463**

Mailing Address

**4701 OAK TERRACE DRIVE  
GREENACRES FL 33463****- 15990**

2. Principal Place of Business

*Same as above*

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**EIN # 65-1123907**☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☒**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MASTROPOLO, PETER  
4701 OAK TERRACE DRIVE  
GREENACRES CITY FL 33463**

7. Name and Address of New Registered Agent

**Name Peter M. Mastropolo  
Street Address (P.O. Box Number is Not Acceptable)  
4701 Oak Terrace Dr.  
Greenacres City, FL  
City FL Zip Code  
33463**

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGRM  
NAME MASTROPOLO, PETER  
STREET ADDRESS 4701 OAK TERRACE DRIVE  
CITY-ST-ZIP GREENACRES FL 33463** ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Delete

10. ADDITIONS/CHANGES

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE  
NAME  
STREET ADDRESS  
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: **SIGNATURE REQUIRED**

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

**2/17/02**

Date

**561-307-2056**

Daytime Phone #

CR2E083 (9/01)