

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 13 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002576 AF

DOCUMENT # **L94000000540**

1. Entity Name  
**PEG HOLDINGS, L.C.**

Principal Place of Business  
**1428 BRICKELL AVE SUITE 400  
MIAMI FL 33131**

Mailing Address  
**1428 BRICKELL AVE SUITE 400  
MIAMI FL 33131-3436**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*MINM*

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0542376**

Applied For  
Not Applicable

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

**CUMMINGS, PAUL M  
1428 BRICKELL AVE SUITE 400  
MIAMI FL 33131**

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  Delete  
**MEM CUMMINGS, PAUL M  
1428 BRICKELL AVE SUITE 400  
MIAMI FL 33131**

TITLE NAME  Change  Addition  
**400003223674-3  
-04/25/00-01097-007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete  
**MEM VOLSKY, GEORGE  
1101 BRICKELL AVE SUITE 1400  
MIAMI FL 33131**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**MEM JACOBS, ERIC  
13594 SW 58TH AVE  
MIAMI FL 33156**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  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: *Paul Cummings* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/10/00

Date

305-371-7800

Daytime Phone #

CR2E083 (9/99)