

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003967

1. Entity Name
P.P. #1, L.C.

Principal Place of Business
3930 PAX PLACE
BOYNTON BEACH FL 33436

Mailing Address
5235 PRINCETON WAY
BOCA RATON FL 33496



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 65-0929987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUDER, MICHAEL
~~8410 TWIN LAKES DRIVE~~
~~BOCA RATON FL 33496~~

Name

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

5235 Princeton Way
Boca Raton FL

City

FL

Zip Code 33496

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 _____ (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
MGR PUDER, MICHAEL
STREET ADDRESS 5235 PRINCETON WAY
CITY-ST-ZIP BOCA RATON FL 33496

TITLE NAME ☐ Change ☐ Addition
200004191472--0
-05/03/01--01113--008
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 4/28/01 Daytime Phone 407-738-7777

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