

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007743

1. Entity Name

PE-T ASHLEY'S INCORPORATED

PE-TASHLEY'S Incorporated

Principal Place of Business

Mailing Address

16240 NW 21ST AVE
OPA LOCKA FL 33054

16240 NW 21ST AVE
OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

16162 NW 27th Avenue

2515 NW 106th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa Locka, FL

City & State

Opa Locka, FL

Zip

Country

33054

USA

Zip

Country

33054

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, EVELYN

16240 NW 21ST AVE
OPA LOCKA FL 33054

Name

Peters, Evelyn

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

2515 NW 106th Street

City

Opa Locka

FL

Zip Code

33054

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

Evelyn Peters, Evelyn Peters

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/30/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OP SWEETING, JOYCE D 2130 NW 171ST STREET MIAMI FL 33056 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV FREEMAN, BOOKER 631 NE 182ND STREET NORTH MIAMI BEACH FL 33162 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS JOHNSON, SONYA M 6768 SW 33RD STREET MIRAMAR FL 33023 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT ALEXIS, STANLEY 9716 SW 14TH COURT MIAMI FL 33198 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SINGLETON, ELIZABETH M 18970 NW 6TH COURT MIAMI FL 33169 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO - Evelyn Peters 2515 NW 106 St Opa Locka, FL 33054 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evelyn Peters* REQUIRED

09/30/02 (305) 430-9802

RECEIVED

FILED

02 NOV 25 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)