

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90083 041 ****61.25

DOCUMENT # N45721

1. Entity Name

NATIONAL HOT PEPPER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

400 N.W. 20TH STREET
 WILTON MANORS FL 33311

400 N.W. 20TH STREET
 WILTON MANORS FL 33311-3818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0296948

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RUMIN, EDWARD R.
 2720 E OAKLAND PARK BLVD
 STE #106
 FT LAUDERDALE FL 33306

Name

DAVID A. BLADE, ESQ.

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

1180 S. POWERLINE RD

City

FT. LAUDERDALE

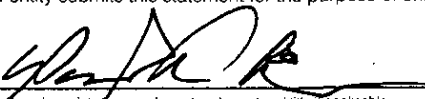
FL

Zip Code

33311

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 \$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	D	<input type="checkbox"/> Delete
NAME	PAYTON, ELIZABETH D.	
STREET ADDRESS	400 N.W. 20TH STREET	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYTON, ROBERT J.	
STREET ADDRESS	400 N.W. 20TH STREET	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLINOR, PEGGY	
STREET ADDRESS	1777 BENNINGFIELD DR SW	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, BARNEY	
STREET ADDRESS	2331 NE 34TH CT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, ROBERT C.	
STREET ADDRESS	3181 NE 3RD AVE	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPLEY, PAULINE	
STREET ADDRESS	66 FALBY CT APT 711	
CITY-ST-ZIP	AJAX CA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

4/3/00

954 565-4972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)