

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

0029262

**DOCUMENT # N45721**

1. Entity Name

**NATIONAL HOT PEPPER ASSOCIATION, INC.**

04-15-2002 90028 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

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

**65-0296948**

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

**BLADE, DAVID A  
 180 S POWERLINE RD  
 FORT LAUDERDALE FL 33311**

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

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
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/10/02 954/565-1497*

CR2E037 (9/01)