2001	ı UNII	FORM BUSI	NESS REPO	RT (UE	BR)	1	FILE Sen 13, 200		am	0083001
DOCUMENT # P0000025453 1. Entity Name PIYP, INC.					/		Sep 13, 2002 Secretary	of Sta	te	D1 AV
, , , , , , ,	•						05 15 2001 50000 (,20 330.	00	
Principal Place 872 NAFA DRI BOCA RATON	IVE	5	Mailing Address 872 NAFA DRIVE BOCA RATON FL 33482				! INDIANE! IN ARM BRAIN ARM ARM BRIS BRIS BR	18 11781 81511 74881 1	1 (3 11 3111 1 11)	
2. Principal P 540 Suite, Apt.	Sw	The 1887	3, Mailing Address 1540 \$ w Suite, Apt. #, etc.	47476	rr		DO NOT WRITE IN THI			1
City & Stat	uder	dala FL	City & State	AlcL		4. F	108 3642		plied For]
Zip 3331	ጉ	Country	孔	33317			Certificate of Status Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET					e Cuds t Address (ربيا	Name and Address of New Registere	d Agent		
	SSEE FL 32	301-2525		City	FIL	Au	deruile F	L 3500	-	
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 a	nd title if applicable. (NOT	E: Registered Agent sig	gnature required	when re	einstating) DATI	,/2001		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 12, 2: Make Check Payable					l be \$750.	te	Election Campaign Financing Trust Fund Contribution.	Added	0 May Be I to Fees	
11.	PSTD	OFFICERS AND I	DIRECTORS Delete	12.	PS		DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS Change	S IN 11	<u> </u>
NAME STREET ADDRESS - CITY-ST-ZIP	ABROMAV 872 NAFA	TICH, LARRY J -DRIVE TON-FL-334 82		NAME STREET ADDRES CITY-ST-ZIP	ABY	on ha	havich, larry J aka, Aze 7145 omfh. Te 35460		. ;	CR2E034 (5/01)
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRES	ss		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	5
CITY-ST-ZIP			☐ Delete	CITY-ST-ZIP				☐ Change	☐ Addition	}
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS			☐ Change	Addition	
13. I hereby indicated of the cor	d on this report reporation or the contract of	rt or supplemental report is he receiver or trustee empo	this filing does not qualify fo true and accurate and that revered to execute this report with all other like empowered	r the exemption ny signature sha as required by (III have the: Chapter 607	same I 7, Florid	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; that da Statutes; and that my name appear	t I am an officer 's in Block 11 or	or director r Block 12 if	