2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000028771 1. Entity Name PAPES CAPITAL SERVICES, INC.					05-18-2001 91290 002 ***150.00 F 1400400708771 01 MAY 22 PM 2: 05		
	DALE FL 33311	FORT LAUDERDALE FL 33311			72656		
2. Principal	Place of Business	3. Mailing Address					
_ Suite, Age, M. etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Ft. L.	auterfule						_
City & State Clovele		City & State		4.	65-0991941	Applied For Not Applicable	
Zip 333	Country Brown	Zip	Country	L	Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent	Name	7.	Name and Address of New Registered	Agent]
PAP	PAS, SPIRO			SPIRO	PAPPAS	·	-
1861 W. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33311			Street Address (P.O. Box Number is Not Acceptable)				1
	II LAUDENDALE PL 33311		T/	Land	leule Pl.]
			City	<u>.</u>	<u> </u>	Zip Code 333//	
8. The above	e named entity submits this statement	for the purpose of changing i	ts registered office o	r registered ag	gent, or both, in the State of Florida.	,	1
SIGNATURE					4/1/2/	no/	1
······································	Signature, typed or printed name of registered age	and title if epplicable. (NC	TE: Registered Agget signat	me tednited when t	einstating) DARE		<u> </u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back)		After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS ANI		.12.		DDITIONS/CHANGES TO OFFICERS AND		}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAPPAS, SPIRO 1881 W. OAKLAND PARK BLVD FORT LAUDERDALE FL 33311	Deleta	TITLE ANAME STREET ADDRESS CITY-ST-ZIP	SPI SPI	RO PAPPAS	Defiance ∤ □ Addition	CR2E034 (10/00)
THILE NAME STREET ADDRESS CITY-SI-ZIP	D Brannin, Kim 1861 W. Oakland Park BLVD FORT LAUDERDALE FL 33311	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ru f	ulele Tel 33311	☐ Change ☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		\$ 17	☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE		````	☐ Change ☐ Addition	
NAME T STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				-
13. I hereby of indicated of the corp	on this report or supplemental report liporation or the receiver or trustee empor or on an attachment with an address,	s true and accurate and that owered to execute this report	or the exemption state my signature shall hat as required by Cha	ive the same I	119.07(3)(i), Florida Statutes. I further certilegal effect as if made under cath; that I at da Statutes; and that my name appears in	m an officer or director Block 11 or Block 12 if	
~	SIGNATURE AND TYPED OR	Conference on the contract of				/	1

05-18-2001 91290 001 *****8.75