

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91744 041 ***150.00

DOCUMENT # **P00000028771**
1. Entity Name
PAPES CAPITAL Services INC.
1861 W. OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1861 W. OAKLAND PARK BLVD
Suite, Apt. #, etc.
FT. LAUDERDALE
City & State
FLORIDA
Zip
33311
Country

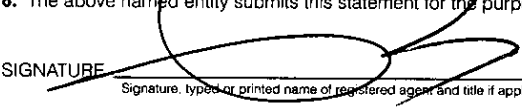
Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0991941
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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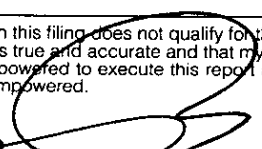
7. Name and Address of Current Registered Agent
Name
SPIRO PAPPAS
Street Address (P.O. Box Number is Not Acceptable)
1861 W OAKLAND PARK BLVD
FT LAUDERDALE
City
FL Zip Code
33311

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  (NOTE: Registered Agent signature required when reinstating)
DATE
5/10/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. SPIRO PAPPAS 1861 W. OAKLAND PARK BLVD FT. LAUDERDALE FL 33311 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **SPIRO PAPPAS**  **5/10/2002** **(954) 484-1877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)