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Principal Place	TH TERRACE		Mailing Address 19615 S.W. 106TH TERRACE	?	-f									
2. Principal Pl. 7367 Suite, Apt. #	5w 6	ss 24 St.	3. Mailing Address SA YE Suite. Apt. #. etc.			DO NO.	RITE IN THIS SPACE							
City & State		33/05	City & State		4.	El Number - 100 3	669	App	olied For Applicable]				
Zip 3 3		Country JOSA and Address of Current I	Zip	Country		Certificate of Status Desired	Fee	75 Addit Required						
ONOFRIO, 13815 S.W. MIAMI FL 3	Rubens 106th ter	RACE	legistered Agent	Street Ac 736	ddress (P.O. E 7 5 W	Name and Address of New	ble)							
	Signature, typed or ration is eligible equirement an	printed name of registered agent are to satisfy its Intangible d elects to do so.		gistered office or legistered Agent signatures FEE IS \$550.02001 Fee will be	registered ag		Florida. Oq -	\$5.00 Added t) <u> </u>	 				
11.		OFFICERS AND I		12.	P 5 T C	L DITIONS/CHANGES TO C		_		_				
NAME STREET ADDRESS	pstd Onofrio, R 13815 S.W. Miami Fl 33	106TH TERRACE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONOF	rio, RUBE 5w 24 Sr	2315 2315	Change	Addition	CR2E034 (5/01				
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TITLE			□ Delete	TITLE				26	C Addition					

NAME

STREET ADDRESS

CITY-ST-ZIP 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 trusted amovement of the certification of the corporation or the receiver or trusted amovement of the certification of the corporation or the receiver or trusted amovement of the certification of the certific

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Attachment AUXLAM Dout 30000041444

PEPPERONE.CÓM, INC. 7367 S.W. 24⁻⁻⁻ STREET MIAMI, FLORIDA 33155

Telephone (305) 446-5000

Fax (305) 567-9300

August 31, 2001

Secretary of State
Divison of Corporations
Uniform Business Reporting Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Gentlemen:

This letter is to let you know that we had moved our offices to a new location. Because of this, we did not receive the appropriate filing form until somebody gave us the renewal application recently.

We had been told that we needed to pay every year a filing fee, but were waiting for the applicable communication; however, we did not receive it until recently that as mentioned above somebody had it and gave to us.

Please accept our check for \$150.00 for the regular filing fee. We request due to the above reason that the penalty involved be waived.

Thanking you in advance for your kind consideration, we remain.

Sincerely

Ruben Onofrio

P.S., This is the first year we had to re-file. In future years, if we do not receive the form in time, we would contact you immediately. Thank you.