

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90159 022 ***150.00

DOCUMENT # P00000045733

1. Entity Name
PPLR, INC.

Principal Place of Business 3255 NE 184 STREET #12103 AVENTURA FL 33160	Mailing Address 3255 NE 184 STREET #12103 AVENTURA FL 33160
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00043010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 651008032	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MANDEL, STANLEY CPA
 20341 OLD CUTLER ROAD
 SUITE A
 MIAMI FL 33189**

7. Name and Address of New Registered Agent
 Name **GLENN R. HAFT CPA**
 Street Address (P.O. Box Number is Not Acceptable)
**1200 S. PINE ISLAND ROAD
 SUITE 475**
 City **PLANTATION** FL Zip Code **33324**

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 *Glenn R. Haft* **GLENN R. HAFT** DATE **4/25/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PRESIDENT	<input type="checkbox"/> Delete
NAME R. RALPH D'ANTONIO	
STREET ADDRESS 3255 N.E. 184TH ST. APT 12103	
CITY-ST-ZIP N. MIAMI FL 33160	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ralph D'Antonio* **RALPH D'ANTONIO** DATE **APRIL 24 01** DAYTIME PHONE # **305 705-6804**
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)