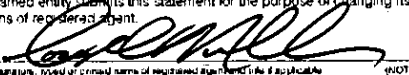
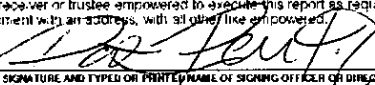


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90207 026 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000063691			
1. Entity Name PERETZ & MULLEN, INC.			
Principal Place of Business 2600 S. OCEAN DR # 314 HOLLYWOOD, FL 33020		Mailing Address 2600 S. OCEAN DR # 314 HOLLYWOOD, FL 33020	
2. Principal Place of Business 4747 Hollywood Blvd Suite, Apt. #, etc. Suite 146 City & State Hollywood FL Zip 33021 Country BROWARD		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-1022504		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MULLEN, JOSEPH 4747 HOLLYWOOD BLVD # 146 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/28/03 (NOTE: Registered Agents signatures required when registering)			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERETZ, PATRICIA 2600 S. OCEAN DR # 314 HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition 4747 Hollywood Blvd Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLEN, JOSEPH F 7910 TAFT ST # 301 PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGIAR, JUTAEI 2600 S. OCEAN DR # 314 HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
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-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date Daytime Phone #	

CH2E034 (10/02)