

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000075425**1. Entity Name  
PAPA G ENTERPRISES, INC.

## Principal Place of Business

1839 MIDDLE RIVER, #500

FT LAUDERDALE  
33305

FL

## Mailing Address

1839 MIDDLE RIVER, #500

FT LAUDERDALE  
33305

FL

## 2. Principal Place of Business

2501 NORTH EAST 8TH AVE

## 3. Mailing Address

2501 NORTH EAST 8TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

WILTON MANORS

FL

## City &amp; State

WILTON MANORS

FL

Zip  
33305

Country

Zip  
33305

Country

## 4. FEI Number

36-8826366

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MONTGOMERY NICHOLAS P  
1839 MIDDLE RIVER, #500FT LAUDERDALE  
33305

FL

## 7. Name and Address of New Registered Agent

## Name

MONTGOMERY NICHOLAS P

Street Address (P.O. Box Number is Not Acceptable)

2501 NORTH EAST 8TH AVE

## City

WILTON MANORS

FL

Zip Code  
33305

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 **NICHOLAS P MONTGOMERY****04/27/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☐ Delete  
NAME MONTGOMERY NICHOLAS P  
STREET ADDRESS 1839 MIDDLE RIVER, #500  
CITY-ST-ZIP FT LAUDERDALE FL 33305TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME MONTGOMERY NICHOLAS P  
STREET ADDRESS 2501 NORTH EAST 8TH AVE  
CITY-ST-ZIP WILTON MANORS FL 33305TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **nicholas p. montgomery**

d

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)