

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90177 042 \*\*\*150.00

**DOCUMENT # P00000095931**

1. Entity Name  
**PEGO ENTERPRISES, INC.**

Principal Place of Business <b>461 WEST 64TH STREET          HIALEAH FL 33012</b>	Mailing Address <b>461 WEST 64TH STREET          HIALEAH FL 33012</b>
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2. Principal Place of Business <b>1200 Palm Avenue</b> Suite, Apt. #, etc.	3. Mailing Address <b>126 HIALEAH DRIVE</b> Suite, Apt. #, etc.
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City & State <b>Hialeah, FL</b>	City & State <b>HIALEAH, FL</b>
Zip <b>33010</b>	Country <b>MIAMI Dade</b>
Zip <b>33010</b>	Country <b>MIAMI Dade</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1046346</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**GONZALEZ, ARNALDO**  
**461 WEST 64TH STREET**  
**HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name **ARNALDO GONZALEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**126 Hialeah Drive**  
 City **Hialeah** FL **33010**

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 *A. Gonzalez* DATE 4/24/02  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONZALEZ, ARNALDO</b> <b>461 WEST 64TH STREET</b> <b>HIALEAH FL 33012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PENA, SILVIA</b> <b>17511 NW 88TH AVENUE</b> <b>MIAMI FL 33018</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *A. Gonzalez* **SIGNATURE REQUIRED** DATE 4/24/02 DAYTIME PHONE # 305-884-8180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)