

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90435 021 ***150.00

DOCUMENT # **P000000101218**

1. Entity Name

PPM & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

85 Gulfstream Rd #110

3. Mailing Address

SAME

Suite, Apt. #, etc.

Denise Beach, FL

Suite, Apt. #, etc.

City & State

City & State

Zip

33004

Country

USA

Zip

Country

4. FEI Number

65-105 8310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul Novitel

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

85 Gulfstream Rd #110

City

Denise Beach, FL

FL

Zip Code

33004

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02
DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Pilar Murphy
5241 Whitecap St.
Oxnard, CA 9302**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Paul Novitel
85 Gulfstream Rd #110
Denise Beach, FL 33004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul R. Novitel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul R. Novitel

Date

4/30/02

Daytime Phone #

954-922-4748