2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State
08-01-2001 90009 039 ***550.00

DOCUMENT # P00000107268

1. Entity Name
P.P.K. Associates ✓

Principal Place of Business | Mailing Address

H0061262

2. Principal Place of Business	3. Mailing Address
11025 S.W. 88 ST.	
Suite, Apt. #, etc. N-208	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33176 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1055940 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Jeffrey Reichenbacker 799 Brickell Ave #700 Miami Fl. 33131	Name MARIA T. PANTIN Street Address (P.O. Box Number is Not Acceptable) 3125 JACKSON AVE City MIAMI FL Zip Code 33131

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 MARIA T. PANTIN M T Pantin 7-18-01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jeffrey Reichenbacker 799 Brickell Ave. #700 Miami, Fl 33131	☒ Delete	President Emilio Peralta 11025 SW 88 St Apt N208 Miami Fl. 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jeffrey Reichebacker 799 Brickell Ave. #700 Miami Fl 33131	☒ Delete	Secretary Emilio Peralta 11025 S.W. 88 St. Apt N208 Miami, Fl 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Emilio Peralta EMILIO PERALTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #