FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112272

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

PEKAS, INC.

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2. Principal Place of Business	3. Mailing Address
254 N. STATE RD 7	254 N. STATE RD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE, FL	City & State: MARGATE - FL
Zip: 33063 Country: U.S.	Zip: 33063 Country: U.S.

4. FEI Number 65-1060491 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: BETTINA CARDENAS

Street Address (P.O. Box Number is Not Acceptable): 254 N. STATE RD. 7

City: MARGATE FL Zip Code: 33063

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: [signature] BETTINA CARDENAS - PRESIDENT 04-18-02

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) ☐

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	PS
NAME	CARDENAS, BETTINA
STREET ADDRESS	254 N. STATE RD.7
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] BETTINA CARDENAS 04/18/02 (954) 341-8255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #