9/30/2002-90182-038-$150.00-$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 15 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013103

1. Entity Name

Peppaz Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6861 SW 196 Av	6861 SW 196 Av
Suite, Apt. #, etc. 407	Suite, Apt. #, etc. 407
City & State Pembroke Pines	City & State Pembroke Pines
Zip FL Country USA	Zip 33332 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1079048 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Bill Erwin

Street Address (P.O. Box Number is Not Acceptable) 6861 SW 196 Ave 407

City Pembroke Pines, FL Zip Code 33332

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 _____ DATE

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) ☐

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	Director Vice pres
NAME	Brian Couture
STREET ADDRESS	6861 SW 196 Av 407
CITY-ST-ZIP	Pembroke Pines FL 33332
TITLE	Director
NAME	Bill Erwin
STREET ADDRESS	6861 SW 196 Ave 407 president
CITY-ST-ZIP	Pembroke Pines FL 33332
TITLE	Director
NAME	K+C trust
STREET ADDRESS	111 Sixth St.
CITY-ST-ZIP	Cambridge MA 02141
TITLE	
NAME	
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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: _____ Brian Couture 9/25 954 689-0344

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

jr 10/15/02