## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9400071377  1. Entity rearrie  P & E INDUSTRIES, INC.				APPROVED AND FILED OD JAN 10 PM 3: 57						
						Principal Place of Business Mailing Address			·	GEORETARY OF STATE
						P.O. BOX 810095 BOCA RATON FL 33481-0095		P.O. BOX 810095 BOCA RATON FL 33481-0095		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FEI Number 65-0535637 Applied For Not Applicable						
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required						
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent						
HACKMAN, JEFFREY A				s (P.O. Box Number is Not Acceptable)						
	N.W. 1ST COURT A RATON FL 33487		1001	1 ( 17-1-10)						
000	A IMION I E 30401			S. Ilogers Cir.						
				tered agent, or both, in the State of Florida.						
SIGNATURE  Signature, typed or printed rime of registered agent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00			10. Election Campaign Financing \$5.00 May Be							
Tax filing requirement and elects to do so. (See criteria on back)		Make Check Payable to Department of Sta		ate Rust Fulld Continuation. Added to Fees						
11.	OFFICERS AND D	PIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
NAME STREET ADDRESS CITY-ST-ZIP	HACKMAN, JEFFREY A P.O. BOX 810095, N/A BOCA RATON FL 33481-0095	Delete	NAME STREET ADDRESS CITY-ST-ZIP	-01/20/0001022002 ****150.00 ****150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelele	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition						
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Thence Addition						
indicated of the cor	on this report or supplemental report is t	rue and accurate and that i vered to execute this report	my signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information le same legal effect as if made under oath; that I am an officer or director 007, Florida Statutes; and that my name appears in Block 11 or Block 12 if						