

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90042 030 \*\*\*150.00

**DOCUMENT # P95000067338**

1. Entity Name  
**PIPO, INC.**

Principal Place of Business

**9343 S.W. 40TH STREET  
 MIAMI FL 33165**

Mailing Address

**9343 S.W. 40TH STREET  
 MIAMI FL 33165**

2. Principal Place of Business

**3624 SW 149 PL**

Suite, Apt. #, etc.

3. Mailing Address

**3624 SW 149 PL**

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**65-0606724**

Applied For

Not Applicable

Zip

**33185**

Country

Zip

**33185**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, CARIDAD  
 9343 S.W. 40TH STREET  
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 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, 2002 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

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DIAZ, CARIDAD</b>	
STREET ADDRESS	<b>9343 SW 40TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASTILLO, VIRGINIA</b>	
STREET ADDRESS	<b>9343 S.W. 40 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	

TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAYRA RODRIGUEZ</b>	
STREET ADDRESS	<b>3624 SW 149 PL</b>	
CITY-ST-ZIP	<b>Miami FL 33185</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARIDAD DIAZ</b>	
STREET ADDRESS	<b>3624 SW 149 PL</b>	
CITY-ST-ZIP	<b>miami FL 33185</b>	

TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Castillo, Virginia</b>	
STREET ADDRESS	<b>3624 SW 149 PL</b>	
CITY-ST-ZIP	<b>miami FL 33185</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Caridad Diaz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2002  
 Date

Daytime Phone #

CR2E034 (9/01)