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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

03 AUG 20 PM 2: 22 DOCUMENT # P95000083595 1. Entity Name B.P.P. ENTERPRISES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business **BPP ENTERPRISE** 105 NE 128 ST MIAMI, FL 33161 MIAMI, FL 33167 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0625637 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEAN-BAPTISTE, HUBERT Jean-Baptiste, Hubert Street Address (P.O. Box Number is Not Acceptable) 105 NE 128th Street 12430 NW 201H AVENUE MIAMI, FL 33167 City N MIAMI 33161 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. I am familiar with, and accept the obligations of registered ager ١, SIGNATURE D(NOTE: Registered Agent signature required when reinstating) FILE-NOWITH FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Delete TITLE Change Addition TITLE PSTD JEAN-BAPTISTE, HUBERT NAME NAME JEAN-BAPTISTE, nobline 105 NE 128th St., N Miami, FL. | Change | Addition | **12430 NW 20TH AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-2IP MIAMI, FL 33167 CITY-ST-ZIP TITLE TITLE Delete 800022451; 08/20/03--01066--001 NAME NAME STREET ADDRESS STREET ADDRESS City-st-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP Addition | Change ميز ١١١٤ . Delete .____ TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CHY-ST-ZP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-2IP CITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address ke empowered.

YPEN OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR