## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P96000015858

1. Entity Name

P.P.M.A.O. CORPORATION



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90098 004 \*\*\*150.00

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Principal Place of Business 2600 DOUGLAS ROAD 607 CORAL GABLES FL 33134		Mailing Address P.O. BOX 141397 CORAL GABLES FL 33114-1397 US										
Place of Busin	ess	3. Mailing Address						1 <b>20</b> 111 <b>31</b> 111			HILL ILH IELI	
#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
e		City & State			4.	4. FEI Number 65-0721511 Applied For Not Applicable						
	Country	Zip	Count		5.	Certificate	of Status D	esired		\$8.75 Ad	ditional	
6. Name and Address of Current		L			Į.							
NAUMCHUK, PROKIP					Name							
2600 DOUGLAS ROAD				Street Addre	ss (P.O. I	Box Numbe	er is Not Acc	ceptable)				
SUITE 607 CORAL GABLES FL 33134						·		<del></del>		T Zin Coo	lo.	
		.	City					FL	Zip Coc			
ions of regist	ered agent.						in, in the Sta	ile oi Fioli	DATE	arillar with		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								_			May Be	
	OFFICERS AND D	IRECTORS	11.		Αl	DDITIONS/	CHANGES	TO OFFIC	CERS AND	DIRECTOR	S IN 11	
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	S ROAD S FL 33134 Place of Busin #, etc. e 6. Name  ONE BLES FL 3 named entity ions of regist ions of regist ions of regist ions of Payable to D NAUMCHU 2600 DOUG	S ROAD  S FL 33134  Place of Business  #, etc.  e  Country  6. Name and Address of Current R  UK, PROKIP  GLAS ROAD  ABLES FL 33134  named entity submits this statement for tools of registered agent.  Signature, typed or printed name of registered agent and the country of the	S ROAD  P.O. BOX 141397 CORAL GABLES FL 33114 US  Place of Business #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  JK, PROKIP GLAS ROAD  ABLES FL 33134  named entity submits this statement for the purpose of changing its ions of registered agent.  Signature, typed or printed name of registered agent and site if applicable.  (NOT:  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of State  OFFICERS AND DIRECTORS  D  NAUMCHUK, PROKIP 2600 DOUGLAS ROAD, SUITE 607 CORAL GABLES FL 33134  Delete  Delete	S ROAD P.O. BOX 141397 CORAL GABLES FL 33114-1397 S FL 33134 US Place of Business  3. Mailing Address #, etc.  E City & State  Country Zip Country  6. Name and Address of Current Registered Agent  UK, PROKIP GLAS ROAD.  ABLES FL 33134  named entity submits this statement for the purpose of changing its registered ions of registered agent.  (NOTE: Registered cions of registered agent and title if applicable.  (NOTE: Registered cions of registered agent and title if applicable.  CITY  OFFICERS AND DIRECTORS  D NAUMCHUK, PROKIP 2600 DOUGLAS ROAD, SUITE 607 CORAL GABLES FL 33134  Delete TITLE NAME STREE CITY  TITLE NAME	S ROAD  P. O. BOX 141397 CORAL GABLES FL 33114-1397 US  Place of Business  3. Mailing Address  #, etc.  City & State  Country  2/p  Country  6. Name and Address of Current Registered Agent  Name Street Addre  Street Addre  City  BLES FL 33134  City  Ci	S ROAD  P.O. BOX 141387 CORAL GABLES FL 33114-1397 US  If ace of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  Country  Country  Jip  Country  5.  6. Name and Address of Current Registered Agent  T.  Name  Street Address (P.O.  BLES FL 33134  City  named entity submits this statement for the purpose of changing its registered office or registered agent of registered agent and tool if applicable.  Whote Registered Agent signature required when the Power of the Country of the purpose of changing its registered office or registered agent when the Power of the Country of the Power	ROAD  P.O. BOX 141397 CORAL GABLES FL 33114-1397 BS FL 33134  Page of Business  3. Mailing Address  #, etc.  City & State  Country  Street Address of Current Registered Agent  Name  Country  To Country  To Country  Street Address of Current Registered Agent  Name  Street Address (P.O. Box Number City  GLAS ROAD)  BBLES FL 33134  City  City  City  City  City  City  City  City  The Registered Agent signature required when renatarray  BY 1, 2003 Fee will be \$550.00  K Payable to:Florida Department of State  OFFICERS AND DIRECTORS  D NAUMCHUK, PROKIP  2000 DOUGLAS ROAD, SUITE 607 CORAL GABLES FL 33134  Delete  The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete SIRET ADDRESS CITY-ST-ZIP  Delete The  NAME SIRET ADDRESS CITY-ST-ZIP  Delete SIRET ADDRESS CITY-ST-ZIP  SIRET ADDRESS CITY-ST-ZIP  SIRET ADDRESS CITY-ST-ZIP  SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP  SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP  SIRET ADDRESS SIRET ADDRESS SIR	S ROAD P.O. BOX 141397 CORAL GABLES FL 33114-1397 US  Place of Business 3. Mailing Address #, etc.   Suite, Apt. #, etc.   CHECK  E   CRy & State   4. FEI Number 65-07%    Country   Zip   Country   5. Certificate of Status	S ROAD P.O. BOX 141387 CORAL CARLES FL 33114-1397 US  "ace of Business"  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & Stata  Country  Zip  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent Name  M. PROKIP GLAS ROAD:  BlES FL 33134  City  City  Screet Address (P.O. Box Number is Not Acceptable)  City  Payable to Finds Department of the purpose of changing its registered Agent agreeture requires when reaccating)  ILE NOW!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Finds Department of State  OFFICERS AND DIRECTORS  DUMMOHLIK, PROKIP 2000 DOUGLAS ROAD, SUITE 607  CORAL GABLES FL 33134  Delete  Delete  TITLE NAME SIREF ADDRESS CITY ST- Zip  TITLE NAME SIREF ADDRESS CITY ST- Zip  TITLE NAME SIREF ADDRESS	S ROAD CORAL GABLES FL 33114-1397 US SFL 33134 US Size of Business S. Mailing Address Suite, Apt. if, etc. City & State Country Country Country Country S. Certificate of Status Desired Street Address of Current Registered Agent T. Name and Address of New Registered Agent N, PROKIP GLAS ROAD:  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Trained on this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am far none of registered agent and their displacement in the Process of Country New 11, 2003 Feed in present drawn of registered agent and their displacement in the State of Florida. I am far none of registered agent and their displacement in the State of Florida. I am far None of registered agent and their displacement in the State of Florida. I am far None of registered agent and their displacement in the State of Florida. I am far None of registered agent and their displacement in the State of Florida. I am far None of registered agent or registered agent, or both, in the State of Florida. I am far None of registered agent.  Superance Agent segentum received when in notating in None of Registered agent.  Page 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	S ROAD  CORAL CABLES FL 33114-1337  US  S FL 33194  US  Tace of Eucliness  3. Merling Address  4. etc.   CHECK HERE IF MAKING CHANCES  E   City & Stato   4. FEI Number 65-0721511   A   Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Au  Foe Require  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    KK, PROKIP  GLAS ROAD.  WHEES FL 33134   City   Street Address of Current Registered Agent   The manned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, non-or registered agent.  WHEE NOW!! FEE IS \$150.00  FM by 1, 2003 Fee will be \$550.00  FM b	

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Prokip Naumchuk

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31,2003

(305) 443-6072

Daytime Phone #

CR2E034 (10/0