

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093913

1. Entity Name  
MR. P'S PLACE, INC.Principal Place of Business  
2001 NORTHWEST 191ST STREET  
MIAMI FL 33056Mailing Address  
2001 NORTHWEST 191ST STREET  
MIAMI FL 33056

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip Country

6. Name and Address of Current Registered Agent

PERKINS, JAMES E  
2001 NORTHWEST 191ST STREET  
MIAMI FL 33056

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 State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE D  
NAME PERKINS, JAMES E  
STREET ADDRESS 2001 NORTHWEST 191ST STREET  
CITY-ST-ZIP MIAMI FL 33056TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Mar 18, 2002 8:00 am  
Secretary of State

03-18-2002 90059 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **650710464**  Applied For  
 Not Applicable5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ Zip Code **FL**

CR2E034 (9/01)