2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # .P97000099437 Mar 24, 2000 8:00 am **Secretary of State** PPCM INV. USA CORP. 03-24-2000 90123 018 ***150.00 Principal Place of Business Mailing Address 965 S. BAYSHORE DR. 965 S. BAYSHORE DR. SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 2. Principal Place of Business ្សីទី ្នី Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3479198 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POLITIS, PETER Street Address (P.O. Box Number is Not Acceptable) 965 S. BAYSHORE DR. SAFETY HARBOR FL 34695 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME POLITIS, PETER STREET ADDRESS STREET ADDRESS 965 S. BAYSHORE DR. CITY-ST-ZIP CITY-ST-ZIP <u>SAFETY HARBOR FL 34695</u> ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 each; that I am an officer or director of the corporation or the receiver or truefee employers to execute his 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 a **SIGNATURE**

Daytime Phone #