

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG-13 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

71100



DO NOT WRITE IN THIS SPACE
05-06-02 90661 008 \$300.00
\$150.00

DOCUMENT # P98000031702

1. Entity Name
P & P TREATS, INC.

Principal Place of Business
1462 CONSTITUTION PLACE E
TALLAHASSEE FL 32308

Mailing Address
1462 CONSTITUTION PLACE E
TALLAHASSEE FL 32308

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3505680
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PHAM, THUAN T
1462 CONSTITUTION PLACE E
TALLAHASSEE FL 32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHAM, THUAN T 1462 CONSTITUTION PLACE E TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAN, JIALIN 1462 CONSTITUTION PLACE E TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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~~ Jialin Pan 8/6/02 850-878-7022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

4/1/02

P98000031702

From: Linda Pan

8/6/2002

To Whom It May Concern:

We have paid \$300 ~~to~~ to
cover the 2002 uniform business
report fees for

Freeway International Co., Inc.

and

Pi P Treats Inc.

on April 17th, 2002. The
copy of the front & back of
the check, which has been
cashed by your department,
is attached. If you have
any other questions, please call me at 878-7052.