

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90110 030 ***150.00

DOCUMENT # P98000098026

1. Entity Name

PJP Holdings, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11001 SW 74th Court

Suite, Apt. #, etc.

3. Mailing Address

11001 SW 74th Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0856479

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul F. Keihner

Street Address (P.O. Box Number is Not Acceptable)

11001 SW 74th Court

City

Miami

FL

Zip Code

33156

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.

Paul F. Keihner

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
Paul F. Keihner
11001 SW 74th Court
Miami, FL 33156

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other officers empowered.

SIGNATURE:

Paul F. Keihner

4/22/02 (305) 665-4903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #