

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90029 001 ***150.00

DOCUMENT # P99000021290
1. Entity Name
PEOPLE FOR PEOPLE ENTERPRISE, INCORPORATED

Principal Place of Business **Mailing Address**
~~290 SO. BEL AIRE DR.~~ ~~290 SO. BEL AIRE DR.~~
~~PLANTATION FL 33317-3444~~ ~~PLANTATION FL 33317-3444~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
5546 W. OAKLAND PK BLVD **5546 W. OAKLAND PK BLVD**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
224 **224**

City & State **City & State**
SUNRISE, FLORIDA **SUNRISE, FLORIDA**

Zip **Country** **Zip** **Country**
33313-1440 **USA** **33313-1440** **USA**

4. FEI Number **65-0906660** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

HIGGINS, ALDOS L
290 SO. BEL AIRE DR.
PLANTATION FL 33317-3444

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.

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **HIGGINS, ALDOS L**
STREET ADDRESS **290 SO. BEL AIRE DR.**
CITY-ST-ZIP **PLANTATION FL 33317-3444**

TITLE **V** ☐ **Delete**
NAME **HIGGINS, YVONNE**
STREET ADDRESS **290 SO. BEL AIRE DR.**
CITY-ST-ZIP **PLANTATION FL 33317-3444**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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: **4/29/02** **(954) 535-0456**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)