2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000065689**

P & P INVESTMENT GROUP, INC.

Mailing Address Principal Place of Business 12217 S.W. 132 CT. 12217 S.W. 132 CT. FL 33186 MIAMI FL 33186-6479 2. Principal Place of Business 3. Mailing Address

FILED May 23, 2000 8:00 am Secretary of State

05-23-2000 90256 043 ***150.00



Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	El Number - 0935	983	Ap No	plied For t Applicable	
Zip		Country		Country		5. C	5. Certificate of Status Desired				
	6. Name a	nd Address of Current Re	gistered Agent			7,_N	ame and Address of New Re	gistered A	gent		
PENDAS, PHILIP 12217 S.W. 132 CT. MIAMI FL 33186					Name Street Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code						
8. The above		submits this statement for the				egistered age	ent, or both, in the State of Flor	DATE			
Tax filing	•	ele to satisfy its Intangible d elects to do so.	FILE NOW After MAY 1, 2 Make Check Paya	will be \$5	0.00 Trust Fund Contribution			, , , , , , , , , , , , , , , , , , , ,			
11.		OFFICERS AND DIF	RECTORS	12.		AD	DITIONS/CHANGES TO OFFI	ČERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENDAS, F 12217 S.W MIAMI FL 3	. 132 CT.	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, I 12217 S.W MIAMI FL 3	. 132 CT.	☐ Delete						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			Defete				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Change—	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete	CIT	ME EET ADDRESS (-ST-ZIP				☐ Change	☐ Addition	
13. I hereby	certify that the	information supplied with the	is filing does not qualify for	or the exe	emption state	ed in Section	119.07(3)(i), Florida Statutes. I legal effect as if made under o	further cer path: that a	tify that the ii m an officer	nformation 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR