

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065689

1. Entity Name

P & P INVESTMENT GROUP, INC.

Principal Place of Business

12217 S.W. 132 CT.  
MIAMI FL 33186

Mailing Address

12217 S.W. 132 CT.  
MIAMI FL 33186

2. Principal Place of Business

14741 SW 160 st.

3. Mailing Address

14741 SW 160 st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33187

Country

US

Zip

33187

Country

US

6. Name and Address of Current Registered Agent

PENDAS, PHILIP  
12217 S.W. 132 CT.  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name Pendas, Philip  
Street Address (P.O. Box Number is Not Acceptable)  
14741 SW 160 st.  
City Miami FL Zip Code 33187

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

Philip Pendas

*Philip Pendas*

4-28-01

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	PENDAS, PHILIP	
STREET ADDRESS	12217 S.W. 132 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, PAUL	
STREET ADDRESS	12217 S.W. 132 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pendas, Philip	
STREET ADDRESS	14741 SW 160 st	
CITY-ST-ZIP	Miami FL 33187	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walker Paul	
STREET ADDRESS	14741 SW 160 st	
CITY-ST-ZIP	Miami FL 33187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Philip Pendas *Philip Pendas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

305-233-3008

Daytime Phone #

CR2E034 (10/00)

0237372

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90212 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE