

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90199 037 \*\*\*150.00  
05-30-2000 90417 033 \*\*\*150.00

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # S27568**

1. Entity Name

PEPITO, INC.

850339

Principal Place of Business

Mailing Address

13930 NW 60TH AVENUE  
HIALEAH FL 31274

13930 NW 60TH AVENUE  
HIALEAH FL 33014-3127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0250436

Applied For  
Not Apply

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~RUBIN, STEVEN D~~  
~~2200 MUSEUM TOWER~~  
~~150 WEST FLAGLER STREET~~  
~~MIAMI FL 33130~~

*Sandra Levy*  
*13930 NW 60th Ave*  
*Miami Lakes FL 33014*

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May B  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LEVY, SIDNEY**  
CITY-ST-ZIP **13930 NW 60TH AVENUE**  
**MIAMI LAKES FL 33014**

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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

**TAXPAYER'S  
COPY**