

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90042 033 \*\*\*150.00

**DOCUMENT # S73927**

1. Entity Name  
**PPF ENTERPRISES, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>110 COUNTRY CLUB DR.<br/>         ROYAL PALM BEACH FL 33411</b> | Mailing Address<br><b>PO BOX 812758<br/>         BOCA RATON FL 33481<br/>         US</b> |
|---|--|



DO NOT WRITE IN THIS SPACE

|  |   |  |  |
|--|---|--|--|
| 2. Principal Place of Business<br><b>6067 NW 22 AVE</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0277372</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| City & State<br><b>BOCA RATON FL</b>   | City & State                              | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| Zip<br><b>33496</b>  | Country<br><b>US</b>                      | Zip  | Country  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>PAUL, STEVEN F<br/>         110 COUNTRY CLUB DR.<br/>         ROYAL PALM BEACH FL 33411</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6067 NW 22 AVE</b><br>City <b>BOCA RATON</b> FL Zip Code <b>33496</b> |
|---|---|

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 **STEVEN F. PAUL** *Steven F. Paul* **FEB 16, 2001**  
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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PAUL, STEVEN F</b><br><b>6067 NW 22ND AVE</b><br><b>BOCA RATON FL</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PAUL, RONALD A</b><br><b>10827 LOCKLAND ROAD</b><br><b>POTOMAC MD</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FOGEL, JULIUS</b><br><b>4701 WILLARD AVE</b><br><b>CHEVY CHASE MD 20815</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 officers empowered.

SIGNATURE: *Steven F. Paul* **STEVEN F PAUL** **FEB 16, 2001** **(561) 998-9405**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/00)