2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S73927

Entity Name: PPF ENTERPRISES, INC.

Apr 25, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6067 NW 22 AVE BOCA RATON, FL 33496 **Current Mailing Address: New Mailing Address:** PO BOX 812758 BOCA RATON, FL 33481 US FEI Number: 65-0277372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAUL, STEVEN F 6067 NW 22 AVENUE BOCA RATON, FL 33496 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:**

CHEVY CHASE, MD 20815

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CHEVY CHASE, MD 20815 US

Title: () Delete Title: (X) Change () Addition PAUL, STEVEN F, PAUL, STEVEN F D Name: Name: 6067 NW 22ND AVE 6067 NW 22ND AVE Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33496 US Title: Title: (X) Change () Addition () Delete PAUL, RONALD A. Name: Name: PAUL, RONALD A D 10827 LOCKLAND ROAD 10827 LOCKLAND ROAD Address: Address: POTOMAC, MD POTOMAC, MD 20854 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete FOGEL, JULIUS, Name: FOGEL, JULIUS D Name: 4701 WILLARD AVE 4701 WILLARD AVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEVEN F. PAUL D 04/25/2002