## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

## Feb 20, 2002 8:00 am Secretary of State DOCUMENT # P95000009746 1. Entity Name THE PENNEY GROUP, INC. 02-20-2002 90115 026 \*\*\*150.00 Mailing Address Principal Place of Business 8771 SOUTHWEST 129TH TERRACE 8771 SOUTHWEST 129TH TERRACE **MIAMI FL 33176** MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0557325 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PENNEY, JOHN W Street Address (P.O. Box Number is Not Acceptable) 8771 SOUTHWEST 129TH TERRACE **MIAMI FL 33176** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete DENNEY, JOHN W PENNEY, JOHN W NAME NAME 8771 SW 129 TERRACE STREET ADDRESS STREET ADDRESS 8811 SW 132 ST. CITY-ST-ZIP MIAMI FL MIAMI FL 33174 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE PENNEY, KATHRYN K NAME NAME PENNEY, KATHRYN K 8771 SW 129 TERRACE STREET ADDRESS 8811 SW 132 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL MIAMI, FL 33176 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 repeiver 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

ith all other like empowered

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