

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005645

1. Entity Name

PENTAD SERVICES, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90078 035 \*\*\*150.00

Principal Place of Business

Mailing Address

2657 WINDMILL PKWY #5000  
HENDERSON NV 89014

2657 WINDMILL PKWY #5000  
HENDERSON NV 89014-3384

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1652539

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARVER, CECIL E  
MINNESOTA AVE.  
BERG-LILES DINMNG HALL BLDG 1690  
TYNDALL AFB FL 32403

Name

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

City

FL

Zip Code

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 Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete  
NAME EMBESTRO, AUDIE-AME S  
STREET ADDRESS 2657 WINDMILL PKWY #5000  
CITY-ST-ZIP HENDERSON NV 89014

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCST ☐ Delete  
NAME EMBESTRO, MARIA R  
STREET ADDRESS 2657 WINDMILL PKWY #5000  
CITY-ST-ZIP HENDERSON NV 89014

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME EMBESTRO, GENARA S  
STREET ADDRESS 2657 WINDMILL PKWY #5000  
CITY-ST-ZIP HENDERSON NV 89014

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ANTONIO, JOSE S  
STREET ADDRESS 2657 WINDMILL PKWY #5000  
CITY-ST-ZIP HENDERSON NV 89014

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME ALBEA, LEOPOLDO C  
STREET ADDRESS 1220 KIPLING PLACE  
CITY-ST-ZIP OXNARD CA 93033-6697

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME MOWERY, JOHN J  
STREET ADDRESS 14633 S. PADRE ISLAND DR  
CITY-ST-ZIP CORPUS CHRISTI TX 79418

TITLE ☐ Change ☐ 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:

A.S. EMBESTRO

10 JAN 2000

Date

Daytime Phone #

CR2E034 (9/99)