

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90097 032 ***150.00

DOCUMENT # F98000005645

1. Entity Name

PENTAD SERVICES, INC.

Principal Place of Business

Mailing Address

2657 WINDMILL PKWY #5000
HENDERSON NV 89014

2657 WINDMILL PKWY #5000
HENDERSON NV 89014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 54-1652539

Applied For

Not Applicable

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

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

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDIE A.S. EMBESTRO 12 FEB 01 702 269 9310

Date

Daytime Phone #

CR2E034 (10/00)