

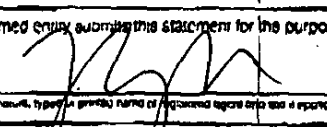
2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 FEB 26 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000000402			
1. Entity Name PENINSULA EDISON TOWERS, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 555 N.E. 15th Street		3. Mailing Address Same as #2	
Suite, Apt. #, etc. Suite 213		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33132	Country USA	Zip	Country
4. PEI Number 65-0884393		Applied Fee Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEON J. WOLFE, ESQ. BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A. 100 S.E. 2nd Street, Suite 3500 Miami, FL 33131-2130		7. Name and Address of New Registered Agent Name REGISTERED AGENTS OF FL, INC. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street Suite 3500 City Miami FL Zip Code 33131-2130	
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 		V.P. 2/21/01 DATE	
9. This corporation is eligible to elect to be an S corporation. (See criteria on back) ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Otis Pitts 555 N.E. 15th St., #213 Miami, FL 33132	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Leon J. Wolfe 100 S.E. 2nd Street, #3500 Miami, FL 33131-2130	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 712.07(3)(b), Florida Statutes. I further certify that the information included 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 687, 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 its employees.		000003757300--1 -02/26/01--01057--014 ****158.75 ****158.75	
SIGNATURE: 		President 2/21/01 Date	

