2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 FEB 26 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.
Suite 213
City & State
Miami, FL
Zip 33132 Country USA

3. Mailing Address
Same as #2
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0884393
Applied For
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
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)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Otis Pitts 555 N.E. 15th St., #213 Miami, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Leon J. Wolfe 100 S.E. 2nd Street, #3500 Miami, FL 33131-2130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______ President 2/21/01
Signature and typed or printed name of signing officer or director Date Daytime Phone #