

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AV

DOCUMENT # A97000002408

1. Entity Name

PENGAR, LTD.

02 APR 18 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

220-A DATURA STREET
WEST PALM BEACH FL 33401

Mailing Address

220-A DATURA STREET
WEST PALM BEACH FL 33401



2. Principal Place of Business

215 S Olive Avenue

3. Mailing Address

215 S Olive Avenue

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

DUE BY MAY 1, 2002

4. FEI Number

65-0795432

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

COHEN, FRED C ESQ.

712 U.S. HIGHWAY ONE, #400

NORTH PALM BEACH FL 33408

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.

DATE

9. Capital Contributions
as Shown on record.

\$990.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000094930
NAME PENGAR HOLDINGS, INC.
STREET ADDRESS 220-A DATURA STREET
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS 215 S Olive Avenue, Suite 100
CITY-ST-ZIP West Palm Beach, FL 33401

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Raymond H Nordie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 4-11-02 Daytime Phone # 561-655-1912

CR2E003 (9/01)