

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 379904

1. Entity Name

R.L. PENDER AND ASSOCIATES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90119 016 ***150.00

Principal Place of Business

11120 SW 88 ST
STE 207
MIAMI FL 33176
US

Mailing Address

11120 SW 88 ST
STE 207
MIAMI FL 33176-0941
US

2. Principal Place of Business
11110 SW 88 St.

3. Mailing Address
11110 SW 88 St.

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
Suite 102

City & State
Miami, FL

City & State
Miami, FL

Zip
33176

Country
Dade

Zip
33176

Country
Dade

4. FEI Number 59-1317250

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

PENDER, ROBERT L
11130 SW 88 ST.
STE 202
MIAMI FL 33176

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	ST	☐ Delete
NAME	PERAL, MARY F	
STREET ADDRESS	11130 SW 88 ST SUITE 202	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	P	☐ Delete
NAME	PENDER, ROBERT L	
STREET ADDRESS	11130 SW 88 ST. STE 202	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	VP	☐ Delete
NAME	PATTERSON, LAURA A	
STREET ADDRESS	11130 SW 88 ST. STE 202	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 305-271-5577

CR2E034 (9/99)