

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90010 017 ***150.00

0022403

DOCUMENT # 379904

1. Entity Name

R.L. PENDER AND ASSOCIATES, INC.

Principal Place of Business

**11120 SW 88 ST
 STE 102
 MIAMI FL 33176
 US**

Mailing Address

**11120 SW 88 ST
 STE 102
 MIAMI FL 33176
 US**

2. Principal Place of Business

11110 SW 88 Street

Suite, Apt. #, etc.

Suite 102

City & State

Miami, FL

Zip

33176

Country

USA

3. Mailing Address

11110 SW 88 Street

Suite, Apt. #, etc.

Suite 102

City & State

Miami, FL

Zip

33176

Country

USA



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 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:

Mary Peral **Mary F. Peral**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 305-271-5577

Date Daytime Phone #

CR2E034 (10/00)