

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 4763 40

1. Entity Name

PENNSYLVANIA INVESTMENTS CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2003  
03-JAN-2 AM 8:01

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1925 Brickell Ave. Suite, Apt. #, etc. Suite D-202 City & State Miami, Fla Zip 33129		3. Mailing Address 1925 Brickell Ave. Suite, Apt. #, etc. Suite D-202 City & State Miami, Fla Zip 33129	
Country U.S.A.		Country U.S.A.	

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2264016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Ramón Gómez	
Street Address (P.O. Box Number is Not Acceptable)	
782 N.W. 42 Ave. # 447	
City Miami	FL Zip Code 33126

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	President Salvador Bonilla Sosa 1925 Brickell Ave., Mia, Fl 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100009600611 12/19/02--01066--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maria Brouwer 1925 Brickell Av., Mia, Fl 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Enrique Ernesto Soler 1925 Brickell Av., Mia, Fl 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

856-  
12/16/2002 305-~~856~~-1452

Date

Daytime Phone #

CR2E034B (12/01)