

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K94590**

1. Entity Name  
**PEM OF BREVARD, INC.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC -3 AM 9: 52

Principal Place of Business  
**3350 N RIVERSIDE DR  
INDIALANTIC FL 32903  
US**

Mailing Address  
**3350 N RIVERSIDE DR  
INDIALANTIC FL 32903  
US**

**REINSTATEMENT**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2952786**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**ENRIQUEZ, PABLO  
1341 S HICKORY ST  
MELBOURNE FL 32901**

Name **ENRIQUEZ, PABLO**  
Street Address (P.O. Box Number is Not Acceptable)  
**3350 NORTH RIVERSIDE DRIVE**  
City **INDIALANTIC** FL Zip Code **32903**

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

*P. Enriquez*  
Signature, typed or printed name of registered agent and title if applicable.

**PABLO ENRIQUEZ**  
(NOTE: Registered Agent signature required when reinstating)

**11/28/2001**  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D ENRIQUEZ, PABLO 310 5TH AVE INDIALANTIC FL 32903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING DIRECTOR MARY C. ENRIQUEZ 3350 NORTH RIVERSIDE DRIVE INDIALANTIC, FLORIDA 32903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C PAUL ENRIQUEZ 3628 BLUEFIELD AVE MELBOURNE, FLORIDA 32934</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PABLO ENRIQUEZ 3350 NORTH RIVERSIDE DRIVE INDIALANTIC, FLORIDA 32903</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000004728800--6 -12/17/01--01058--026 ***900.00 ***900.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**PABLO ENRIQUEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**321-773-6582**  
**2001**