

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85605

1. Entity Name

PENTAGRAM, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90198 024 ***150.00

Principal Place of Business

Mailing Address

1689 N. HIATUS RD.
P.O. BOX 130
PEMBROKE PINES FL 33026

11370 WAYNE DR.
COOPER CITY FL 33322-5719
US

2. Principal Place of Business

3. Mailing Address

8072 N.W. 10 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL

4. FEI Number

65-0212259

Applied For

Not Applicable

Zip

Country

Zip

Country

33322-5719

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

FARBSTEIN, DAVID R. ESQ
2765 W CYPRESS CREEK RD
SUITE B
FT LAUDERDALE FL 33309

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 ☐ Delete
NAME D
STREET ADDRESS ABBOTT, ARTHUR J.
CITY-ST-ZIP 11370 WAYNE DR
COOPER CITY FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ARTHUR J. ABBOTT
CITY-ST-ZIP 8072 N.W. 10 ST.
PLANTATION FL 3322-5719

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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 life empowered.

SIGNATURE:

ARTHUR J. ABBOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)