

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000228

1. Entity Name
PINWHIFFLE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:39

Principal Place of Business

1228 11TH STREET
KEY WEST FL 33040

Mailing Address

P.O. BOX 2146
KEY WEST FL 33045-2146

2. Principal Place of Business

3618 NORTHSIDE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3618 NORTHSIDE DRIVE

Suite, Apt. #, etc.

City & State

KEY WEST, FLORIDA

Zip

33040

Country

USA

City & State

KEY WEST, FLORIDA

Zip

33040

Country

USA

4. FEI Number

65-0906571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZARATE, DEBORAH
3618 NORTHSIDE DRIVE
KEY WEST FL 33040

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

Deborah M. Zarate

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete
NAME ZARATE, DEBORAH
STREET ADDRESS 3618 NORTHSIDE DRIVE
CITY- ST- ZIP KEY WEST FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME 000003102430
STREET ADDRESS -01/19/00--01040--017
CITY- ST- ZIP *****50.00 *****50.00

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

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Deborah M. Zarate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

1/6/2000

Daytime Phone #

CR2E083 (9/99)