

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90070 039 ***158.75

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DOCUMENT # P00000010709

1. Entity Name
PENAFIEL'S CERTIFIED NONLAWYER CENTER, INC.



Principal Place of Business
630 SOUTH STATE RD. 7
MARGATE FL 33068

Mailing Address
630 SOUTH STATE RD. 7
MARGATE FL 33068

2. Principal Place of Business

3. Mailing Address

620 South Main St.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville, FL

Zip

Country

Zip

Country

32601

Alachua

4. FEI Number **04-3626984**

Applied For

Not Applicable

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

PENAFIEL, JORGE

630 SOUTH STATE RD. 7

MARGATE FL 33068

Name

Street Address (R.O. Box Number is Not Acceptable)

620 South Main Street

City

Gainesville

FL

Zip Code

32601

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **PENAFIEL, JORGE**
STREET ADDRESS **630 SOUTH STATE RD. 7**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE **President** ☒ **Change** ☐ **Addition**
NAME **Penafiel, Jorge**
STREET ADDRESS **620 South Main Street**
CITY-ST-ZIP **Gainesville, FL 32601**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/03 (352) 373-1288

CR2E034 (10/02)