

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014413

1. Entity Name
PENTZKECORP LOGISTICS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90384 024 ***150.00

Principal Place of Business

275 W 16 STREET
HIALEAH FL 33010

Mailing Address

275 W 16 STREET
HIALEAH FL 33010

2. Principal Place of Business

7126 NW 50th Street 2nd Floor
Suite, Apt. #, etc.

3. Mailing Address

7935-95th Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

VERO BEACH FL

4. FEI Number

36-4345677

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

32967

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENTZKE, LILIANA
275 W 16 STREET
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name LILIANA PENTZKE

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

7935-95 AVE

City VERO BEACH

FL

Zip Code

32967

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

Liliana Pentzke
Signature, typed or printed name of registered agent and title if applicable.

LILIANA PENTZKE

(NOTE: Registered Agent signature required when reinstating)

3-18-01

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, 2001 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

TITLE D ☐ Delete
NAME PENTZKE, WALTER S JR.
STREET ADDRESS 275 W 16 STREET
CITY-ST-ZIP HIALEAH FL 33010

TITLE D ☐ Delete
NAME PENTZKE, LILIANA
STREET ADDRESS 275 W 16 STREET
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER PENTZKE

Date

3-18-01

Daytime Phone #

305-206-1451

CR2E034 (10/00)