

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90419 004 \*\*\*150.00

UNBR-3 AI

**DOCUMENT # P00000018195**

**1. Entity Name**  
**PENEDO, INC.**

**Principal Place of Business**

~~C/O R. DIEZ ENTR.~~  
~~10000 S.W. 36 ST.~~  
~~MIAMI FL 33165~~

**Mailing Address**

~~C/O R. DIEZ ENTR.~~  
~~10000 S.W. 36 ST.~~  
~~MIAMI FL 33165~~

**2. Principal Place of Business**

**10277 WINDSWEEP PL**  
Suite, Apt. #, etc.  
**(N-A)**

**3. Mailing Address**

**10277 WINDSWEEP PL**  
Suite, Apt. #, etc.  
**(N-A)**



DO NOT WRITE IN THIS SPACE

**City & State**  
**BOCA RATON FL**

**Zip**  
**33498**

**Country**  
**PALM BEACH**

**City & State**  
**BOCA RATON FL**

**Zip**  
**33498**

**Country**  
**PALM BEACH**

**4. FEI Number**  
**65-0983982**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PENEDO, ABELARDO JR.**  
~~C/O R. DIEZ ENTR.~~  
~~10000 S.W. 36 ST.~~  
~~MIAMI FL 33165~~

**7. Name and Address of New Registered Agent**

**Name**  
**PENEDO, ABELARDO JR.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**10277 WINDSWEEP PL**  
**City**  
**BOCA RATON FL**  
**Zip Code**  
**33498**

**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** **ABELARDO PENEDO JR**  
Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**04-09-02**

**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, 2002 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**

<b>TITLE</b> <b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b> <b>PENEDO, ABELARDO JR/</b>	
<b>STREET ADDRESS</b> <b>10000 S.W. 36 ST.</b>	
<b>CITY-ST-ZIP</b> <b>MIAMI FL 33165</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>PENEDO, ABELARDO JR/</b>	
<b>STREET ADDRESS</b> <b>10277 WINDSWEEP PL</b>	
<b>CITY-ST-ZIP</b> <b>BOCA RATON FL 33498</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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: ABELARDO PENEDO JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**04-09-02**  
**(561) 558-1369**

CR2E034 (9/01)