2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000035886

PENFIELD & BARRERA, INC.

Principal Place of Business

Mailing Address

668 MARINERS WAY BOYNTON BEACH FL 33435 668 MARINERS WAY BOYNTON BEACH FL 33435

FILED Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90238 050 ***150.00

2. Principal P 3427 Suite, Apt.	Mace of Business Woolbright Rd. #, etc.	3. Mailing Address 3427 Wool Suite, Apt. #, etc.	bright Rd		DO NOT WRI	TĖ IN THIS SP	ACE		
Boynton Beach, FL Boynton Beach,			E/	4. FEI Num	4. FEI Number		<u> </u>	Applied For	
				65-1	099 7550			t Applicable	1
÷3°34	36 Country	Country	5. Certifica	te of Status Desired		3.75 Add e Require			
	6. Name and Address of Current Re	7. Name ar	7. Name and Address of New Registered Agent						
PENFIELD, JENNIFER 668 MARINERS WAY BOYNTON BEACH FL 33435			Name Street Address	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				red when reinstating)		DATE			
Tax filling requirement and elects to do so. After MAY 1, 20			FEE IS \$150.00 Fee will be \$550.00 to Department of S	tate	Election Campaign Fin rust Fund Contributio	ή. □	Added	O May Be to Fees]
			12.	ADDITION	S/CHANGES TO OFF				ءٍ إ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENFIELD, JENNIFER 668 MARINERS WAY BOYNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ Change	Addition	70/U/U
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRERA, RHONDA 12 ROYAL PALM WAY #401 BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	à
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is trupporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my sered to execute this report as	signature shall have th	e same legal effe	ect as if made under o	oath; that I am	an officer	or director	