

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000071004

1. Entity Name
PENTA RESEARCH CORPORATION

Principal Place of Business
6350 PALM TRACE LANDINGS DR #101
DAVIE FL 33314

Mailing Address
6350 PALM TRACE LANDINGS DR #101
DAVIE FL 33314

2. Principal Place of Business
6350 PALM TRACE LANDINGS DR

3. Mailing Address
6350 PALM TRACE LANDINGS DR

Suite, Apt. #, etc.
#101

Suite, Apt. #, etc.
#101

City & State
DAVIE FL

City & State
DAVIE FL

Zip
33314

Country

Zip
33314

Country

4. FEI Number
65-1024578

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KORFHAGE STEPHEN
6350 PALM TRACE LANDINGS DR #101
DAVIE FL 33314

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 _____ DATE 04/26/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	KORFHAGE STEPHEN	☐
STREET ADDRESS	6350 PALM TRACE LANDINGS DR #101	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
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	☐	☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐	☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐	☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐	☐
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: Stephen Korfhage

D

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)