

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90316 024 ***150.00

0221244

***DOCUMENT # P00000085939**

1. Entity Name
PINTAIL ASSET MANAGEMENT, INC.

Principal Place of Business 11440 NORTH KENDALL DRIVE SUITE 206 MIAMI FL 33176	Mailing Address 11440 NORTH KENDALL DRIVE SUITE 206 MIAMI FL 33176
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2. Principal Place of Business 5524 HWY 114 AVE (#205)	3. Mailing Address
Suite, Apt. #, etc. #205	Suite, Apt. #, etc.
City & State MIAMI, FLA.	City & State

Zip 33178	Country U.S.A.	Zip	Country
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6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

4. F.I. Number
65-1038261

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

7. Name and Address of New Registered Agent

Name
ARMANDO YGLESIAS

Street Address (P.O. Box Number is Not Acceptable)
11440 N. KENDALL DR. #206

City
MIAMI, FL.

Zip Code
33176

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 **ARMANDO YGLESIAS** (NOTE: Registered Agent signature required when reinstating) DATE **3/29/01**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD YGLESIAS, ARMANDO 11440 NORTH KENDALL DRIVE SUITE 206 MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]** DATE **3/29/01** DAYTIME PHONE # **(305) 528 3664**

CR2E034 (10/00)