

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90635 035 ***150.00

DOCUMENT # P00000108632

1. Entity Name
PENTA ASSET MANAGERS, INC.

Principal Place of Business

9064 S.W. 214 ST
MIAMI FL 33189

Mailing Address

9064 S.W. 214 ST
MIAMI FL 33189

2. Principal Place of Business

2475 NW 15 ST
 Suite, Apt. #, etc.

3. Mailing Address

2475 N.W. 15 ST
 Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33125

Country

US

City & State

Miami, FL

Zip
33125

Country

US

4. FEI Number

65-1056593

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

RODRIGUEZ, MANUEL
9064 S.W. 214 ST
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name **Rodriguez Manuel**
Street Address (P.O. Box Number is Not Acceptable) **2475 NW 15th ST**
City **Miami**, **FL** **Zip Code** **33125**

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

Manuel Rodriguez

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MANUEL	
STREET ADDRESS	9064 S.W. 214 ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JANNETT	
STREET ADDRESS	9064 S.W. 214 ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RUBIO, LUIS GUILLERMO	
STREET ADDRESS	9064 S.W. 214 ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Manuel Rodriguez
Manuel Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0298372 AV

CR2E034 (9/01)