

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90150 007 ***158.75

DOCUMENT # P00000110273

1. Entity Name
FENYO PROPERTIES, INC.

Principal Place of Business

C/O IRVING SHIMOFF
100 S.E. 2ND STREET #3920
MIAMI FL 33131

Mailing Address

C/O IRVING SHIMOFF
100 S.E. 2ND STREET #3920
MIAMI FL 33131

2. Principal Place of Business

100 S.E. 2nd Street
Suite 3920

City & State
MIAMI, FL

Zip **33131** **Country** **US**

3. Mailing Address

40 COLLINS
Suite 1880
200 South Biscayne Blvd

City & State
MIAMI, FL

Zip **33131** **Country** **U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1059118**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

SHIMOFF, IRVING
100 S.E. 2ND STREET
SUITE 3920
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **CHRISTINA COLLINS**
Street Address (P.O. Box Number is Not Acceptable) **90 Suite 1880, 200 S. Biscayne Blvd**
City **MIAMI** **FL** **Zip Code** **33131**

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

Christina Collins **CHRISTINA COLLINS**

4-26-02

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ **Delete**
NAME **PENYO, GYORGY**
STREET ADDRESS **VERECKE U 37**
CITY-ST-ZIP **BUDAPEST HUNGARY 1025**

TITLE **D** ☐ **Delete**
NAME **PENYO, GYORGYNE**
STREET ADDRESS **VERECKE U 37**
CITY-ST-ZIP **BUDAPEST HUNGARY 1025**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secretary** ☐ **Change** ☒ **Addition**
NAME **CHRISTINA COLLINS**
STREET ADDRESS **c/o Suite 1880**
CITY-ST-ZIP **200 S. Biscayne Blvd**
MIAMI, FL 33131

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christina Collins **CHRISTINA COLLINS** **4-26-02** **305-372-3535**

Date

Daytime Phone #

CR2E034 (9/01)