

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90046 022 ***163.75

DOCUMENT # P01000017747
1. Entity Name
PENNYBRIDGE ENTERPRISE INC.

Principal Place of Business **Mailing Address**
1247 13 ST **1247 13 ST**
SARASOTA FL 34236 **SARASOTA FL 34236**

2. Principal Place of Business **3. Mailing Address**
6840 S.W. 77 TER **6840 S.W. 77 TER.**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
MIAMI FL. **MIAMI FL.**
Zip **Country** **Zip** **Country**
33143 **U.S.A** **33143** **U.S.A.**

4. FEI Number **Applied For**
65-1080728 **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
☒ ☐

6. Name and Address of Current Registered Agent
BOSSEY, MICHAEL
1247 13 ST
SARASOTA FL 34236

7. Name and Address of New Registered Agent
Name **Michael Bossey**
Street Address (P.O. Box Number is Not Acceptable)
6840 S.W. 77 TER
City **MIAMI** **FL** **Zip Code** **33143**

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 *Michael Bossey* **2-28-02**
Signature, typed or printed name of registered agent and 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. ☐
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GABOR MARKUS 1247 13 STREET SARASOTA FL- 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSE TRESPALACIOS 12600 S.W 68 CT. MIAMI FL. 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBERT TELIECHEA 2900 S.W 28 ST. COCONUT GROVE FL. 33165 <input type="checkbox"/> Change <input checked="" 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
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
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
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: *Michael Bossey* **3-4-02** **305-586-2830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)