

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90016 010 \*\*\*150.00

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**DOCUMENT # P01000061631**

1. Entity Name

**PRESSURE WASHERS OF SOUTH FLORIDA, INC.**

Principal Place of Business

11301 SW 18TH CT  
 MIRAMAR FL 33025

Mailing Address

11301 SW 18TH CT  
 MIRAMAR FL 33025



2. Principal Place of Business

4530 S.W. 68th Ct

3. Mailing Address

4530 S.W. 68th Ct Cir #1

Suite, Apt. #, etc.

Cir #1

Suite, Apt. #, etc.

Cir #1

City & State

Miami FL

City & State

Miami FL

4. Fbi Number

65-1142642

Applied For

Not Applicable

Zip

33155

Country

U.S.

Zip

33155

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PENAFIEL, EDUARDO  
 11301 SW 18TH CT  
 MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4530 S.W. 68th Ct. Cir #1

City

Miami

FL

Zip Code

33155

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

*Eduardo Penafiel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/02

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	PVST	<input type="checkbox"/> Delete
NAME	PENAFIEL, EDUARDO	
STREET ADDRESS	11301 SW 18TH CT	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	PENAFIEL, EDUARDO	
STREET ADDRESS	11301 SW 18TH CT	
CITY-ST-ZIP	MIRAMAR FL 33025	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4530 S.W. 68th Ct. Cir #1	
CITY-ST-ZIP	Miami - FL - 33155	
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:

*Eduardo Penafiel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

305-668-8560

Daytime Phone #

CR2E034 (9/01)