## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # P0100089416 1. Entity Name 03 MAY 16 PM 2: 45 Pemeon International, Inc. SECRETARY OF STATE TALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 485 NE 3. Mailing Address Same as Trino Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Boca Raton, Flonda City & State 4. FEI Number Applied For 1136762 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Zip Code 33428 City Roca Katon FL 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 Fiorida, I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE NAME -NAME 900020256919 22449 Middle jour DY. STREET ADDRESS STREET ADDRESS Boca Raton, FL 33428 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP" TITLE TITLE NAME A Just NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TIME  $g_{m,i_{1},j_{2},j_{3}}$ IN THIS SPACE NAME NAME -STREET ADORESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-7/F TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY:ST-ZIP" TITLE TITLE : 10. NAME ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or on an attachment with an address, with all other like empowered. SIGNATURE:



## PEMCON INTERNATIONAL, INC.

485 N.E. 20th. Street Boca Raton, Florida 33431 Phone: 561-368-7944 Fax: 561-368-9089

April 30th. 2003

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Pemcon International, Inc. FL Doc. Number P01000089416

Dear Sir or Madam

Enclosed herein please find a copy of the UBR for 2003, along with my payment in the amount of \$300.00 which covers the filing fees for 2002 and 2003.

Please be advised, I did not receive the initial UBR filing form and was unaware of this requirement.

Please process my check and reinstate my corporation effective immediately. I apologize for this oversight and have taken steps to ensure it does not happen again.

Sincerely,

Jarry Syed President