

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91193 006 ***158.77

DOCUMENT # P01000099052

1. Entity Name
PINASSE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
650 W. Avenue

3. Mailing Address
1000 North Boardwalk

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Suite 211

Suite, Apt. #, etc.

City & State
Miami Beach, FL

Hollywood, FL

4. FEI Number
65-1149822

Applied For
Not Applicable

Zip
33139

Country
USA

Zip
33019

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Patrick R. Moyal
Street Address (P.O. Box Number is Not Acceptable)
208 N. University Drive

City
Pembroke Pines FL Zip Code
33024

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

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)

January 1: May 1 Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$81.25
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
NAME
P/D
CHAUMES, FRANK
STREET ADDRESS
650 West Ave. #1211
CITY-ST-ZIP
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1000 North Boardwalk
Hollywood, FL 33019

TITLE
NAME
P/D
CLAMENS, THOMAS
STREET ADDRESS
650 West Ave. #1211
CITY-ST-ZIP
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director
Thomas Clamens
5-24-02
(305) Daytime Phone #
(786) 295-4243

CR2E034B (12/01)