

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90071 044 ***150.00

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

DOCUMENT # **P01000099525**

1. Entity Name
PINZON, HENLEY & KLOTZ, INC
848 BRICKELL KEY DRIVE, APT 1804
MIAMI, FLA 33131

DO NOT WRITE IN THIS SPACE

80058606

2. Principal Place of Business

3. Mailing Address

848 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1804

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI, FLA

4. FEI Number

65-1145154

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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IN THIS SPACE**

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 \$61.25
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
STREET ADDRESS
CITY - ST - ZIP
MIGUEL A. PINZON
PR23
848 BRICKELL KEY DRIVE
MIAMI, FLA 33131

TITLE
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)