

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0181731 AV

DOCUMENT # P02000011896

1. Entity Name

THE PENTAGON GROUP, SECURITY & TRAFFIC TRAINING INC.



Principal Place of Business
4811 NW 183 STREET
MIAMI FL 33055

Mailing Address
4811 NW 183 STREET
MIAMI FL 33055



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

4811 N.W. 183 ST

3. Mailing Address

4811 N.W. 183 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FLA.

4. FEI Number

40-152 8887

Applied For

Not Applicable

Zip

33055

Country

U.S.

Zip

33055

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, RACHARD

4811 NW 183 STREET

MIAMI FL 33055

DELETE

7. Name and Address of New Registered Agent

Name

TERRENCE NEAL

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

4811 N.W. 183 ST

City

MIAMI, FLA

FL

Zip Code

33055

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. 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)

DATE

04-23-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NEAL, EARNIE P	
STREET ADDRESS	4811 NW 183 STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	PCED	<input checked="" type="checkbox"/> Delete
NAME	OWENS, ROBERT	
STREET ADDRESS	4811 NW 183 STREET	
CITY-ST-ZIP	MIAMI FL 33055	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN NEAL	
STREET ADDRESS	4811 N.W. 183 ST	
CITY-ST-ZIP	MIAMI, FLA. 33055	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRENCE NEAL	
STREET ADDRESS	4811 N.W. 183 ST	
CITY-ST-ZIP	MIAMI, FLA. 33055	
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	Registered Agent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRENCE NEAL	
STREET ADDRESS	4811 N.W. 183 ST	
CITY-ST-ZIP	MIAMI, FLA. 33055	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-23-03

305-627805

CR2034 (10/02)