

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a  
Secretary of State

02-08-2000 90170 044 \*\*\*150.00

DOCUMENT # P93000018558

1. Entity Name

PENTAGON INFORMATION SYSTEMS, CORP.

Principal Place of Business

Mailing Address

1732 N.W. 82ND AVE  
MIAMI FL 33126  
US

1732 N.W. 82ND AVE  
MIAMI FL 33172-5913  
US

2. Principal Place of Business

10865 NW 29TH ST.

Suite, Apt. #, etc.  
100

3. Mailing Address

10865 NW 29TH ST.

Suite, Apt. #, etc.  
100

City & State

MIAMI, FLORIDA 33172

Zip

Country

City & State

MIAMI, FLORIDA 33172

Zip

Country

4. FEI Number

65-0393132

Applied

Not

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PIEDRA, JOSE L  
19316 SW STREET  
#F  
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00  
Added to F

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
PIEDRA, JOSE L  
19316 SW 5TH STREET  
PEMBROKE PINES FL 33029 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
MARENZI, SUSANA T  
19316 SW 5TH STREET  
PEMBROKE PINES FL 33029 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐

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

SIGNATURE:  REQUIRED

SUSANA MARENZI

V.P.

1/24/00

Date

Daytime Phone #