

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90153 038 ***150.00

DOCUMENT # P93000018558

1. Entity Name

PENTAGON INFORMATION SYSTEM, CORP.



DO NOT WRITE IN THIS SPACE

60010262

2. Principal Place of Business
19316 SW 5th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

PEMBROKE PINES FL.

65-0393132

Not Applicable

Zip

Country

Zip

Country

33029

USA

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

**DO NOT WRITE
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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PTD
NAME PIEDRA, JOSE L
STREET ADDRESS 19316 SW 5th Street
CITY-ST-ZIP Pembroke Pines, FL. 33029

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

TITLE
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STREET ADDRESS
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IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SUSANA MARENZI

01/23/03

Date

Daytime Phone #

CR2E034B (12/02)