🖟 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 05, 2001 8:00 am DOCUMENT # **P94000022609 Secretary of State** 1. Entity Name PAUL F. PENICHET, P.A. 03-05-2001 90298 025 ***150.00 Principal Place of Business Mailing Address 201 ALHAMBRA CIRCLE SUITE 711 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 2161 Le Jeune 2151 Le Jeune Rd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 200 Applied For 65-0479260 Not Applicable Country Miami-Dade \$8.75 Additional 5. Certificate of Status Desired Mianui-Uade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Paul F. Penichet PENICHET, PAUL F 201 ALHAMBRA CIRCLE SUITE 711 **CORAL GABLES FL 33134** 2151 LeJeune Road 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. 02-26-01 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE PENICHET, PAUL F NAME 201 ALHAMRA CIRCLE, SUITE#711 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Paul F. Penicher

2/26/01

305-448-8532

Daytime Phone #