

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90776 011 ***150.00

DOCUMENT # PA4000022609
1. Entity Name
Paul F. Penichet, P.A.

041040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2151 LeJeune Road		3. Mailing Address 2151 LeJeune Road		4. FEI Number 65 0479260		Applied For <input type="checkbox"/>
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200		City & State Coral Gables, FL.		Not Applicable <input type="checkbox"/>
City & State Coral Gables, FL.	City & State Coral Gables, FL.	City & State Coral Gables, FL.	City & State Coral Gables, FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33134	Country U.S.A.	Zip 33134	Country U.S.A.	7. Name and Address of Current Registered Agent		

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

Name
Paul F. Penichet
Street Address (P.O. Box Number is Not Acceptable)
2151 LeJeune Road #200
City
Coral Gables **FL** Zip Code
33134

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 _____ (NOTE: Registered Agent Signature required when reconstituting) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Paul F. Penichet 2151 LeJeune Rd., #200 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Expiration Period # _____