

2000 UNIFORM BUSINESS REPORT (UBR)

0204176

DOCUMENT # P94000083257

1. Entity Name
PENDA INTERNATIONAL HOLDING CORPORATION

FILED

00 FEB 16 PM 1:38

Principal Place of Business
C/O TRIVEST. INC.
2665 S BAYSHORE DR SUITE 800
MIAMI FL 33133-5401

Mailing Address
C/O TRIVEST. INC.
2665 S BAYSHORE DR SUITE 800
MIAMI FL 33133-5401

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1804632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KLEIN, PETER W~~
2665 S BAYSHORE DR
SUITE 800
MIAMI FL 33133-5401

Name

Maria C. Callejas

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

Maria C. Callejas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/00

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEPD	<input type="checkbox"/> Delete
NAME	THOMPSON, JACK L	
STREET ADDRESS	2344 W WISCONSIN STREET	
CITY-ST-ZIP	PORTAGE WI 53901	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	WANER, LEO E	
STREET ADDRESS	2344 W WISCONSIN STREET	
CITY-ST-ZIP	PORTAGE WI 53901	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KUFFNER MARILYN D	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, PETER W	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	WANER, LEO E	
STREET ADDRESS	2344 W WISCONSIN ST	
CITY-ST-ZIP	PORTAGE WI 53901	
TITLE	DCOB	<input type="checkbox"/> Delete
NAME	POWELL, EARL W	
STREET ADDRESS	2665 S. BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900003170249--2
STREET ADDRESS	-03/14/00--01132--020
CITY-ST-ZIP	****150.00 ****150.00
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00 305/858-2200

CR2E034 (9/99)