

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016781

1. Entity Name
PENT THOM, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90064 042 ***150.00

Principal Place of Business
**8750 NW 36TH ST
SUITE 200
MIAMI FL 33178
US**

Mailing Address
**8750 NW 36TH ST
SUITE 200
MIAMI FL 33178-2499
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3510 Coral Way

3. Mailing Address
3510 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

Suite 210

City & State

City & State

Miami, Florida

Miami, Florida

Zip
33145

Country
USA

Zip
33145

Country
USA

4. FEI Number **65-0561925**

Applied For

Not Applicable

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

**DEL VALLE, MILLY
% SUTERRA CORPORATION
8750 N.W. 36 STREET, SUITE 200
MIAMI FL 33178**

Name
Mr. Dario Restrepo
Street Address (P.O. Box Number is Not Acceptable)
3510 Coral Way Suite 210
City **Miami,** **FL** Zip Code **33145**

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 *Milly Del Valle* **Milly Del Valle** **March 31, 2000**
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** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTS	<input checked="" type="checkbox"/> Delete
NAME DEL VALLE MILLY	
STREET ADDRESS 8750 NW 36TH ST, SUITE 200	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME DAVIDSON, FERGUS M SR	
STREET ADDRESS 8750 NW 36TH ST, SUITE 200	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUAN MANUEL ECHAVARRIA	
STREET ADDRESS 56 Thomas Street Unit 6 Penthouse	
CITY-ST-ZIP New York, New York 10013	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ILANA ROTHSTEIN	
STREET ADDRESS 56 Thomas Street Unit 6 Penthouse	
CITY-ST-ZIP New York, New York 10013	
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: *Juan Manuel Echavarria* **Juan Manuel Echavarria**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **March 31, 2000** 305-445-9555 Day, time Phone #

CR2E034 (9/99)