

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90024 040 ***150.00

DOCUMENT # P95000016781

1. Entity Name

PENT THOM, INC.

Principal Place of Business

Mailing Address

**3510 CORAL WAY
 STE 210
 MIAMI FL 33145
 US**

**3510 CORAL WAY
 STE 210
 MIAMI FL 33145
 US**

2. Principal Place of Business

417 E. Sheridan Street

3. Mailing Address

417 E. Sheridan Street

Suite, Apt. #, etc.

#129

City & State

Dania Beach, Florida

33004-4603

USA

Suite, Apt. #, etc.

#129

City & State

Dania Beach, Florida

33004-4603

USA



DO NOT WRITE IN THIS SPACE

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

**RESTREPO, DARIO
 3510 CORAL WAY
 STE 210
 MIAMI FL 33145**

Name

Milly Del Valle c/o Sage Solutions Inc.

Street Address (P.O. Box Number is Not Acceptable)

417 E. Sheridan Street, #129

City

Dania Beach

FL

Zip Code

33004-4603

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ECHAVARRIA, JUAN M	
STREET ADDRESS	56 THOMAS ST UNIT 6 PENTHOUSE	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTHSTEIN, ILANA	
STREET ADDRESS	56 THOMAS ST UNIT 6 PENTHOUSE	
CITY-ST-ZIP	NEW YORK NY 10013	
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"/> 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Del Valle, Milly	
STREET ADDRESS	417 E. Sheridan Street #129	
CITY-ST-ZIP	Dania Beach, Florida 33004-4603	
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 #

CR2E034 (10/00)