

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2002 90059 020 ***150.00

DOCUMENT # P95000016781

1. Entity Name
PENT THOM, INC.

Principal Place of Business

417 W SHERIDAN STREET
STE 129
DANIA BEACH FL 33004-4603
US

Mailing Address

417 W SHERIDAN STREET
STE 129
DANIA BEACH FL 33004-4603
US

2. Principal Place of Business

417 E. Sheridan Street

Suite, Apt. #, etc.
#129

City & State
Dania Beach, Florida

Zip
33004-4603

Country
USA

3. Mailing Address

417 E. Sheridan Street

Suite, Apt. #, etc.
#129

City & State
Dania Beach, Florida

Zip
33004-4603

Country
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

DEL VALLE, MILLY
%SAGE SOLUTIONS INC.
417 E SHERIDAN STREET # 129
DANIA BEACH FL 33004-4603

7. Name and Address of New Registered Agent

Name

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

Milly Del Valle **Milly DEL VALLE**

February 15, 2002

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, 2002 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

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	D <input type="checkbox"/> Delete
NAME	DEL VALLE, MILLY
STREET ADDRESS	417 E SHERIDAN STREET #129
CITY-ST-ZIP	DANIA BEACH FL 33004-4603
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Milly Del Valle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 15, 2002
 Date Daytime Phone #

CR2E034 (9/01)