

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90145 013 ***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



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
417 E SHERIDAN STREET

3. Mailing Address
417 E SHERIDAN STREET

Suite, Apt. #, etc.
STE 129

Suite, Apt. #, etc.
STE 129

City & State
DANIA BEACH FL

City & State
DANIA BEACH FL

Zip
33004 4603

Country
USA

Zip
33004 4603

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May, Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ECHAVARRIA, JUAN M
STREET ADDRESS 56 THOMAS ST UNIT 6 PENTHOUSE
CITY-ST-ZIP NEW YORK NY 10013

TITLE D ☐ Delete
NAME ROTHSTEIN, ILANA
STREET ADDRESS 56 THOMAS ST UNIT 6 PENTHOUSE
CITY-ST-ZIP NEW YORK NY 10013

TITLE D ☐ Delete
NAME DEL VALLE, MILLY
STREET ADDRESS 417 E SHERIDAN STREET #129
CITY-ST-ZIP DANIA BEACH FL 33004-4603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03 1549277188
Date Daytime Phone #

CR2E034 (10/02)