2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000081814

1. Entity Name

PENTAS DEVELOPMENT CORPORATION



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90115 033 ***150.00

PENTAS DEVELOPMENT CORPORATION						'					
Principal Place of Business 726 FORSYTH ST BOCA RATON FL 33487		Mailing Address 726 FORSYTH ST BOCA RATON FL 33487				E I Pa ll a n ala K a lan aki	12 44 181 1		0:01 (B(01):00)	18181 1811 8181 881	
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2. Principal F	Place of Business	3. Mailing Address				1			 	4581 10101 HEBI	10101 HQH 0101 LCO
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1	☐ CHECK	(HERE	E IF MAK	ING CHANC	GES
City & State		City & State				4. FE	4. FEI Number 65-0614872				Applied For Not Applicable
Zip	Country	Zip	Zip Country			5. C	ertificate of Status D	esired ¹		\$8.75 Fee Rec	Additional juired
	6. Name and Address of Current	Register	ed Agent			7N	ame and Address o	f New.	Register		
PERMANIA MONOLO A					Name			-			
726 FORS	NN, NICHOLAS G Syth St	S			Street Address (et Address (P.O. Box Number is Not Acceptable)					
	TON FL 33487				-						
				+	City			<u>i</u>	 F	Zip	Code
	named entity submits this statement folions of registered agent.	or the purp	ose of changing its re	egistered	d office or register	red ager	nt, or both, in the Sta	te of F	lorida. I a	am familiar v	vith, and accept
SIGNATURE .											
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE:	Registered /	Agent signature required	d when rein	stating)		DAT	rE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Fiorida Department o	f State					9. Election Camp Trust Fund Cor				5.00 May Be
10.	OFFICERS AND	DIRECTO	RS	11.		ADD	ITIONS/CHANGES	TO OF	FICERS A	ND DIRECT	ORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BETHMANN, NICHOLAS G 726 FORSYTH STREET BOCA RATON FL 33487		☐ Delete	TITLE NAME STREET CITY-S	AODRESS ST-ZIP					□ Char	ige Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A. C.		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP					☐ Char	nge Addition
NAME STREET ADDRESS CITY-ST-ZIP	चित्र - ⊈ार को रिक् य स्वास्त्रीति । विश्वति । च	- 11	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			 	<u>े स्थ</u> ान दे छ	Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	-		-		☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	this filing	Delete	CITY-ST		otion 11	Q (77/2)(i) Elected St	atutae	furth a-	Chan	

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 of 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:

Suned YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR