

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P-96000044977**

Entry Name
PEMAN GROUP, INC.

FILED **083000**

00 AUG 31 AM 9:39

[Signature]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7175 NW 87 Ave **7175 NW 87 Ave**
Miami, FL 33166 **Miami, FL 33166**

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1999-2000 UBR.

4. FEI Number # 65-0680109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANRIQUE, Pedro J 14790 SW 142ND Street Miami, FL 33196	Name Street Address (P.O. Box Number is Not Acceptable) 800003383768-5 -09/06/00-01084-004 City ***150.00 FL ***150.00

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]* (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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PSD MANRIQUE, Pedro J.	<input type="checkbox"/> Delete	TITLE PSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14790 SW 142ND Street		STREET ADDRESS 800003383768-5	
CITY-ST-ZIP Miami, FL 33196		CITY-ST-ZIP 09/06/00-01084-005	
TITLE VICE-PRESIDENT	<input type="checkbox"/> Delete	TITLE ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Pedro Gustavo MANRIQUE		NAME ***150.00	
STREET ADDRESS 14790 SW 142ND Street		STREET ADDRESS	
CITY-ST-ZIP Miami, FL 33196		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 officers empowered.

SIGNATURE: *[Signature]* Date **08/01/00** Daytime Phone # **301-697-9756**