

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079365

1. Entity Name

PEMBROKE CAPITAL CORP.

Principal Place of Business

Mailing Address

~~444 BRICKELL AVE STE 800~~
~~MIAMI FL 33131~~

~~444 BRICKELL AVE STE 800~~
~~MIAMI FL 33131-2442~~

2. Principal Place of Business

3. Mailing Address

1800 SUNSET HARBOUR DRIVE

1800 SUNSET HARBOUR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. #2

Ste. #2

City & State

City & State

Miami BEACH, FL

Miami BEACH, FL

Zip

Country

Zip

Country

33139

USA

33139

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARLTON, FREDERIC N

444 BRICKELL AVE STE 800 1800 SUNSET HARBOUR DRIVE
MIAMI FL 33131 #2

Miami BEACH, FL 33139

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

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS 444 BRICKELL AVE STE 800
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1800 SUNSET HARBOUR DRIVE, #2
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 another life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

Date

305-532-2900

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90066 008 ***150.00

A0018343



DO NOT WRITE IN THIS SPACE