

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90087 034 ***150.00

DOCUMENT # P 97000107187

1. Entity Name

PENBAR, INC.

Principal Place of Business

Mailing Address

2555 N.E. 202nd Street
 North MIAMI Beach, FLORIDA 33180

2. Principal Place of Business

3. Mailing Address

2555 N.E. 202nd Street

2555 N.E. 202nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North MIAMI Beach, FL

City & State

North MIAMI Beach, FL

Zip

Country

Zip

Country

4. FEI Number

65-0436286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0046017

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANGAS, Peni
 2555 N.E. 202nd Street
 North MIAMI Beach, FL 33180

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	KANGAS, Peni	
STREET ADDRESS	2555 N.E. 202 nd Street	
CITY-ST-ZIP	North MIAMI Beach, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRETT, John R.	
STREET ADDRESS	2555 N.E. 202 nd Street	
CITY-ST-ZIP	North MIAMI Beach, FL 33180	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. BARRETT

Date:

Daytime Phone #

April 2, 2001 305 931-6482

CR2E034 (11/00)