2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # **P98000020600** PEMA FORWARDING, INC. 02-01-2001 90187 047 ***150.00 Principal Place of Business Mailing Address 4160 N.W. 1ST AVE 4160 N.W. 1ST AVE **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 2 L222-Falls Ridge Wa DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0824503 130cm Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Bead 33428. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMON, SIGALOS & SPYREDES, P.A. Street Address (P.O. Box Number is Not Acceptable) THE SANCTUARY CENTRE 4800 NORTH FEDERAL HIGHWAY, SUITE 100-D **BOCA RATON FL 33431** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **DPTS** TITLE ☐ Delete TITLE Change NAME KAKLAMANAKIS, PETER 21222 Falls Ridge Way STREET ADDRESS 4160 N.W. 1ST AVE SUITE 21 STREET ADDRESS Boca Radon F1 33128. 4870 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Delete TITLE NAME KAKLAMANAKIS, MARY NAME 21222 Falls Ridge Way Bock Radon Fl 3342f-4870 STREET ADDRESS 4160 N.W. 1ST AVE. SUITE 21 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: