

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036690

1. Entity Name

I.M. PENGO, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90126 017 \*\*\*150.00

Principal Place of Business C/O JOHN A SMITH, P.A. 5701 N PINE ISLAND ROAD, SUITE 370 FORT LAUDERDALE FL 33321 US	Mailing Address C/O JOHN A SMITH, P.A. 5701 N PINE ISLAND ROAD, SUITE 370 FORT LAUDERDALE FL 33321-4451 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3511 W. Commercial Blvd.	3. Mailing Address 3511 W. Commercial Blvd.
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Suite, Apt. #, etc. First Floor	Suite, Apt. #, etc. First Floor
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City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
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4. FEI Number 65-0834417	Applied For Not Applicable
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Zip 33309	Country USA	Zip 33309	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELLMAN, HARRIS  
3461 NW 44 STREET, SUITE 203  
TAMARAC FL 33309

Name Timothy C. Arnel
Street Address (P.O. Box Number is Not Acceptable) 3511 W. Commercial Blvd.
First Floor
City Fort Lauderdale, FL
Zip Code 33321

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: DATE: 3/29/00  
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D FELLMAN, HARRIS 3461 NW 44 STREET, SUITE 203 TAMARAC FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Timothy C. Arnel 3511 W. Commercial Blvd., 1st Floor Fort Lauderdale, FL 33309 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Timothy C. Arnel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 954-733-9099  
Date Daytime Phone #

CR2E034 (9/99)