## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9900000402

Country

6. Name and Address of Current Registered Agent

NATIONSBANK TOWER AT INTERNATIONAL PLACE

Signature, typed or printed name of registered agent and title if applicable.

PENINSULA EDISON TOWERS, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1717 N BAYSHORE DR. STE 2700 MIAMI FL 33132

2. Principal Place of Business

WOLFE, LEON J

100 SE 2ND ST, STE 3500

9. This corporation is eligible to satisfy its Intangible

MIAMI FL 33131-2130

Suite, Apt. #, etc.

City & State

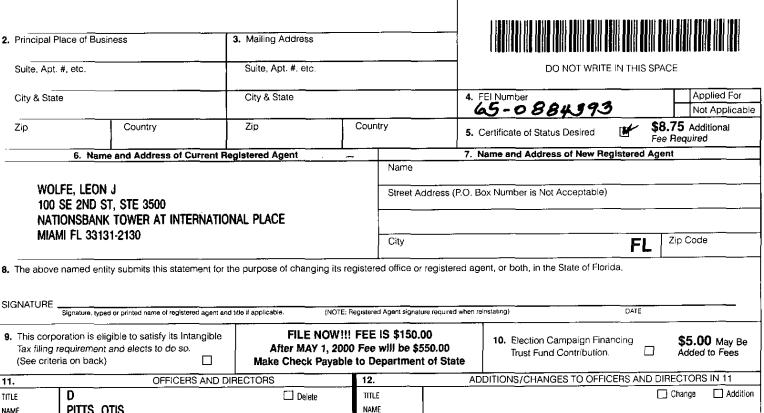
Zip

SIGNATURE

1717 N BAYSHORE DR. STE 2700 MIAMI FL 33132-1196

## **FILED** Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90096 012 \*\*\*158.75



After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. D Delete TITLE TITLE PITTS, OTIS NAME NAME STREET ADDRESS STREET ADDRESS 1717 N BAYSHORE DR, STE 2700 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 Addition Change ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition - · Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 7 ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

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:

The state of the s SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #