

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90156 015 \*\*\*150.00

**DOCUMENT # P99000018718**

1. Entity Name  
**THE PENAR GROUP, INC.**

Principal Place of Business 4940 EMERSON ST., STE. 175 JACKSONVILLE FL 32207	Mailing Address 4940 EMERSON ST., STE. 175 JACKSONVILLE FL 32207-4927
9625 Hood Road Jacksonville, Florida 32207	9625 Hood Road Jacksonville Fl 32207

2. Principal Place of Business 9625 Hood Road Suite, Apt. #, etc.	3. Mailing Address 9625 Hood Road Suite, Apt. #, etc.
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City & State Jacksonville, Fl 32207	City & State Jacksonville, Fl 32207	4. FEI Number 59-3558830	Applied For Not Applicable
Zip 32207	Country Duvall	Zip 32207	Country Duvall



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MUR, LAZARO J**  
**8400 N.W. 52ND ST.**  
**MIAMI FL 33166**

7. Name and Address of New Registered Agent  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Wilfredo Perea</b> <b>1843 Royal Fern Lane</b> <b>Orange Park, Fl 32073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Jorge Narvaez</b> <b>4940 Emeraon Street, Suite 100</b> <b>Jacksonville, Florida 32207</b>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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)(j), 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: **4/27/00** Date **(904) 398-2260** Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)