

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 Duvai	Zip 32207	Country Duvai



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	P Wilfredo Perea 1843 Royal Fern Lane Orange Park, Fl 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			S Jorge Narvaez 4940 Emeraon Street, Suite 100 Jacksonville, Florida 32207
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(904) 398-2260

Daytime Phone #

CR2E034 (9/99)