

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024621

1. Entity Name

PFFI, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90019 050 ***158.75

Principal Place of Business

19018 N.W. 53RD COURT
MIAMI FL 33055-5321

Mailing Address

19018 N.W. 53RD COURT
MIAMI FL 33055-5321

changes

2. Principal Place of Business

3. Mailing Address

2931 SW 139 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE Florida

4. FEI Number

65-0909604

Applied For

Not Applicable

Zip

Country

Zip

Country

33330 Brower

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENAFIEL, MARIA E
19018 N.W. 53RD COURT
MIAMI FL 33055-5321

Name

MARIA Elena Penafiel

Street Address (P.O. Box Number is Not Acceptable)

2931 SW 139 Terr.

City

DAVIE

FL

Zip Code

33330

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, 2001. 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 PD
NAME PENAFIEL, MARIA E
STREET ADDRESS 19018 N.W. 53RD COURT
CITY-ST-ZIP MIAMI FL 33055-5321 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA Elena Penafiel

Date

Daytime Phone #

4-25-01 305

826-4041

0492150

CR2E034 (10/00)