

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028258

1. Entity Name

PENNAN CONSULTING USA, CORP.

FILED

May 13, 2000 8:00 am
Secretary of State

05-13-2000 90025 010 ***150.00

Principal Place of Business

Mailing Address

1723 TIGERTAIL AVENUE
MIAMI FL 33133

1723 TIGERTAIL AVENUE
MIAMI FL 33134-2411

2. Principal Place of Business

1205 GRANADA BLVD.

3. Mailing Address

1205 GRANADA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES, FL.

4. FEI Number

65-0969390

Applied For

Not Applicable

Zip
33134

Country

DADE

Zip

33134

Country

DADE

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

MURGO, FELICE F
1723 TIGERTAIL AVENUE
MIAMI FL 33133

Name

MURGO, FELICE F.

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

1205 GRANADA BLVD.

City

CORAL GABLES

FL

Zip Code

33134

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
DCEO
ASK, INGE
1723 TIGERTAIL AVENUE
MIAMI FL 33133 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MURGO, FELICE F
1723 TIGERTAIL AVENUE
MIAMI FL 33133 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GUERRERI, ARNALDO E
1723 TIGERTAIL AVENUE
MIAMI FL 33133 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURGO, ALEXANDER F
1723 TIGERTAIL AVENUE
MIAMI FL 33133 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MURGO, MARBELLA M
1723 TIGERTAIL AVENUE
MIAMI FL 33133 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/000 (305)446-8338
Date Daytime Phone #

CR2E034 (9/99)