

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000060478****1. Entity Name**
PENNY TRADING CORP.**Principal Place of Business**
11601 BISCAYNE BLVD, SUITE 201

MIAMI FL 33181**Mailing Address**
11601 BISCAYNE BLVD, SUITE 201

MIAMI FL 33181**2. Principal Place of Business**
555 NE 15TH STREET**3. Mailing Address**
555 NE 15TH STREETSuite, Apt. #, etc.
SUITE 100Suite, Apt. #, etc.
SUITE 100**City & State**
MIAMI FL**City & State**
MIAMI FL**Zip**
33132**Country****Zip**
33132**Country****4. FEI Number**☐ Applied For
☒ Not Applicable**5. Certificate of Status Desired** ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGREENFIELD JOHN
11601 BISCAYNE BLVD, SUITE 201

MIAMI FL 33181**7. Name and Address of New Registered Agent**Name
GREENFIELD JOHN
Street Address (P.O. Box Number is Not Acceptable)
555 NE 15TH STREET

SUITE 100
City
MIAMI FL Zip Code
33132**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)

04/28/2000

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****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME D GREENFIELD JOHN ☐ Delete
STREET ADDRESS 11601 BISCAYNE BLVD, SUITE 201
CITY-ST-ZIP MIAMI FL 33181**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** D ☐ Change ☒ Addition
NAME GREENFIELD LOUIS
STREET ADDRESS 555 NE 15TH STREET
CITY-ST-ZIP MIAMI FL 33132**TITLE** D ☒ Change ☐ Addition
NAME GREENFIELD JOHN
STREET ADDRESS 555 NE 15TH STREET
CITY-ST-ZIP MIAMI FL 33132**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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** JOHN GREENFIELD

P 04/28/2000