

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90149 016 ***150.00

DOCUMENT # **P99000000478** ✓
1. Entity Name
Penny Trading Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11900 BISCAYNE BLVD Suite, Apt. #, etc. Suite 806 City & State N Miami FL Zip 33181 Country USA		3. Mailing Address 11900 BISCAYNE BLVD Suite, Apt. #, etc. Suite 806 City & State N Miami FL Zip 33181 Country USA	
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John Greenfield	
Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD	
Suite 806	
City N Miami FL	Zip Code 33181

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 **John Greenfield** **4/16/02**
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 PD	NAME LOUIS GREENFIELD	STREET ADDRESS 11900 BISCAYNE BLVD Suite 806	CITY-ST-ZIP N Miami FL 33181
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TITLE CEO	NAME John Greenfield	STREET ADDRESS 11900 BISCAYNE BLVD Suite 806	CITY-ST-ZIP N Miami FL 33181
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John Greenfield** **VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 **305 895 1287**
Date Daytime Phone #

CR2E034B (12/01)