

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000090254**

1. Entity Name

PENOL ENTERPRISES, INC

Principal Place of Business

Mailing Address

**5998 SW 44th Ter.
Miami FL 33155**

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-09547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Rodolfo A HERRERA
5998 SW 44th Ter
Miami FL 33155**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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]

(Type name, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when removing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See instructions 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

pd
RODOLFO A HERRERA
5998 SW 44th Ter
Miami FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

700004597677--9
-09/19/01--01006--027
******300.00 ****300.00**

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CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 10 PM 12:45

pg 1 of 2

CP2003471700

SP

pg 2 of 2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **PENOL ENTERPRISES, INC**
Thank you for your courtesy in this matter.



RODOLFO A HERERRA
PRESIDENT