

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90012 012 \*\*\*550.00

**DOCUMENT # P99000101390**

1. Entity Name  
**PENJING MONSOON, INC.** ✓

Principal Place of Business: **1929 WASHINGTON ST. HOLLYWOOD FL 33020**  
 Mailing Address: **1929 WASHINGTON ST. HOLLYWOOD FL 33020**

2. Principal Place of Business: **Gardentown U.S.A.**  
 Suite, Apt. #, etc.: **4900 S. University Dr.**  
 City & State: **Davie, FL.**  
 3. Mailing Address: **1931 Washington St.**  
 Suite, Apt. #, etc.: **Hollywood, FL.**  
 City & State: **Hollywood, FL.**

Zip: **33328** Country: **Broward**  
 Zip: **33020** Country: **Broward**

4. FEI Number: **65-0960936**  
 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 Agent**

**7. Name and Address of New Registered Agent**

**HAMILTON, JOAN**  
**2625 N.E. 6TH AVE.**  
**WILTON MANORS FL 33334**

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>D MOREAU, PAUL L</b>		
	<b>1929 WASHINGTON ST.</b>		
	<b>HOLLYWOOD FL 33020</b>		

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 Required**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)