

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91587 018 \*\*\*150.00

**DOCUMENT #** 900000033441

**1. Entity Name**  
 HEDDY PENA & ASSOCIATES, INC.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
6701 SUNSET DRIVE SUITE 112 SOUTH MIAMI, FL 33143	6701 SUNSET DRIVE SUITE 112 SOUTH MIAMI, FL 33143

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
5541 SW 64 PLACE Suite, Apt. #, etc.	5541 SW 64 PLACE Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b>	<b>Applied For</b>
MIAMI, FL	MIAMI, FL	65-1002656	<input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33155	USA	33155	USA

**A0070383**

DO NOT WRITE IN THIS SPACE

**8. Name and Address of Current Registered Agent**

HEDDY PENA  
 5541 SW 64 PLACE  
 MIAMI, FL 33155

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

**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** *Heddy Pena* **DATE** 4/30/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 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**

<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Heddy Pena* **DATE** 4/30/01 **Daytime Phone #** (305) 667-9667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)