

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H97674

1. Entity Name

C.E.P.G.P., INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90041 015 \*\*\*150.00

Principal Place of Business

Mailing Address

~~201 CRANDON BLVD. #174~~  
KEY BISCAYNE FL 33149

~~201 CRANDON BLVD. #174~~  
KEY BISCAYNE FL 33149-1517

2. Principal Place of Business

3. Mailing Address

785 Crandon Blvd.  
Suite, Apt. #, etc.  
apt 904

785 Crandon Blvd.  
Suite, Apt. #, etc.  
apt 904

City & State  
Key Biscayne FL

City & State  
Key Biscayne FL

Zip  
33149

Zip  
33149



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2645898

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASKY, ROBERT A.  
2021 TYLER STREET  
HOLLYWOOD FL 33020

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

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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
PENA, CONSTANTINO E.  
3663 S. MIAMI AVENUE  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PENA, CONSTANTINO E.  
3663 S. MIAMI AVENUE  
MIAMI FL ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☒ Change ☐ Addition

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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Constantino E. Pena 1/18/2000 305 361-9222