

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90022 031 \*\*\*\*66.25

**DOCUMENT # N98000003625**

1. Entity Name  
**MIRTA PENELAS FOUNDATION, INC.**

Principal Place of Business <b>6209 N.W. 171 STREET HIALEAH FL 33015</b>	Mailing Address <b>6209 N.W. 171 STREET HIALEAH FL 33015-4612</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0847710</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent  
**A&P REGISTERED AGENT, INC.  
 2450 S.W. 137TH AVENUE  
 SUITE 226  
 MIAMI FL 33175**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PENELAS, LUIS SR.</b> <b>6209 N.W. 171 STREET</b> <b>HIALEAH FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PENELAS, LUIS JR.</b> <b>1670 LINCOLN ROAD COURT APT. 3B</b> <b>MIAMI BEACH FL 33139-2157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TORRES, PEDRO PABLO JR.</b> <b>9830 S.W. 4TH STREET</b> <b>MIAMI FL 33174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERNANDEZ, DAISY</b> <b>15110 GARVOCK PLACE</b> <b>MIAMI LAKES FL 33016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMARO, HUMBERTO</b> <b>5859 S.W. 24 TERR.</b> <b>MIAMI FL 33175</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERNANDEZ, JESUS</b> <b>11830 S.W. 24TH TERR.</b> <b>MIAMI FL 33175</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Luis Penelas* **LUIS PENELAS** Date: **1-20-00** Daytime Phone #: **557-5432**

CR2E037 (9/99)