

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000097398**

1. Entity Name

**MAPENS CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**780 N.W. Le Jeune Rd.**

**# 516**

**Miami, FL**

**33126**

4. FEL Number

**65-1045094**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Aurelio A. Piedra**

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

**780 NW Le Jeune Rd.**

**# 516**

City

**Miami**

**FL**

Zip Code

**33126**

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.

**Aurelio A. Piedra CPA 1/13/03**

(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)

☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P15110  
Peña, Jose A.  
780 NW 42 Ave #516  
Miami FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V President  
Peña, Jose E.  
780 NW 42 Ave #516  
Miami FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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**600012333316  
02/12/03--01017--019 \*\*308.75**

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03 (305) 443 7122**

Date

Daytime Phone #

CR2E034B (12/01)

*Attachment*

VARGAS, PIEDRA & CO.

CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS  
AMERICAN AND FLORIDA  
INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 516  
LE JEUNE CENTRE  
780 N.W. LE JEUNE ROAD  
MIAMI, FLORIDA 33126  
TELEPHONE  
(305) 443-7122

January 13, 2003

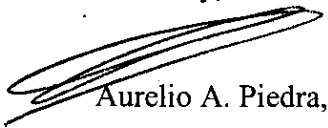
Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: MAPENS CORP.  
DOCUMENT NO. #P00000097398

Enclosed you shall find a check in the amount of \$308.75, the owner of this company was out of the country and never received or was notified of annual report. Please abate the penalties and activate corporation immediately.

Thank you for your cooperation regarding this matter. If you should have any questions do not hesitate to call me.

Sincerely,

  
Aurelio A. Piedra, CPA

AAP/dci