

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90123 018 ***150.00

DOCUMENT # P01000083668

1. Entity Name
LOS PENAS ENTERPRISES, INC.



Principal Place of Business
5602 LAKE GEORGE PLACE
LAKE WORTH FL 33463

Mailing Address
5602 LAKE GEORGE PLACE
LAKE WORTH FL 33463

20024433



2. Principal Place of Business

6201 18th St. S.

Suite, Apt. #, etc.

3. Mailing Address

6201 18th St. S.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

WPB FL

City & State

WPB FL

4. FEI Number 65-1132835

Applied Fee
☒ Not Applicable

Zip

33415

Country

Palm Beach

Zip

33415

Country

Palm Beach

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENA, VICTORIA
5602 LAKE GEORGE PLACE
LAKE WORTH FL 33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PENA, JOSE
5602 LAKE GEORGE
LAKE WORTH FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTSV
PENA, VICTORIA
5602 LAKE GEORGE
LAKE WORTH FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6201 18th St. S.
WPB FL 33415 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6201 18th St. S.
WPB FL 33415 ☒ Change ☐ Add

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