2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000021948

Mailing Address

1. Entity Name

TONY PENA, INC.

Principal Place of Business



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90180 037 ***150.00

|--|

| 3300 N STATE RD 7 APT C307 3300 N STATE RD 7 APT HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 | | | | | | | | | | | | |
|--|--|---|--------------------------|----------------------|--------------|--|-----------------|---|----------------|---------------|---------------------|--|
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF N | MAKING CH | ANGES | | |
| City & State | | | | City & State | | | 4. | 4. FEI Number 36/5/95 Applied For Not Applied For | | | | |
| Zip | Country | | | | Cour | ntry | 5. | Certificate of Status Desired | | 75 Add | | |
| 101 0 | 6. Name | and Address of Cu | rrent Register | ed Agent | 1 | <u> </u> | 7. | Name and Address of New Regi | | Require | a | |
| | | | 3 | | | Name | | Traine and Address of New York | Tered Agen | <u>-</u> | | |
| PENA, TO | NY | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 3300 N S | TATE RD 7 | APT C307 | | | | Street Addr | ess (P.O. E | Box Number is Not Acceptable) | | | | |
| HOLLYWO | OD FL 330 |)21 | | | | | | | | | | |
| | | | | | | City | | | I - | | | |
| | | | 146.7 | | | City | | | | Zip Codi | | |
| The above the obliget | named entit | y submits this statem | ent for the purp | oose of changing its | register | ed office or reg | gistered ag | gent, or both, in the State of Florida | ı. I am famili | ar with, | and accept | |
| the obligat | lions or regisi ≇ | ered agent. | | * | | | | | | | | |
| SIGNATURE . | 1 | | | | | | | | | | | |
| , | Signature, typed | or printed name of registered | d agent and title if app | olicable. (NOT | E: Registere | d Agent signature re | equired when re | einstating) | DATE | ··· | | |
| | | !! FEE IS \$150.00 | | _ | | | | 9. Election Campaign Finance | ino | ėE A | | |
| | | 03 Fee will be \$55 o Florida Departmo | | | | | | Trust Fund Contribution. | g | | O May Be to Fees | |
| 10. | | | AND DIRECTO | DC . | B 44 | | | DITIONO (OLIMINATO TO OFFICE) | 20 4110 010 | -0705 | | |
| TITLE | D . | OFFICERS | AND DIRECTO | | 11. | | AL | DDITIONS/CHANGES TO OFFICE | | | | |
| IAME | DENIA TONIX | | | | TITLI | 1 | | | ليا | Change | ☐ Addition | |
| TREET ADDRESS | COOK NOTATE DD 7 ADT COOK | | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | I contract a management of the contract of the | | | | | -ST-ZIP | | | | | | |
| ITLE | | | | ☐ Delete | TITLE | | | · · · · · · · · · · · · · · · · · · · | П | Change | Addition | |
| IAME | | | | | NAM | E . | | | _ | | | |
| TREET ADDRESS | | | | | STRE | ET ADDRESS | | | | | | |
| JITY-ST-ZIP | | | | | CITY | -ST-ZIP | - | | | | | |
| ITLE | - | | | Delete | :TITLE | | · | ہوں شا ہا تیکھیں تا دا | ~ <u>~ </u> _ | Change | _ | |
| IAME | | | | | NAM | | | | | | | |
| TREET ADDRESS | | | | | | ET ADDRESS | | | | | | |
| | | | | | - | -ST-ZIP | | | | | | |
| ITLE AMÉ | | | | ☐ Delete | TITLE | Į. | | | □ (| Change | ☐ Addition | |
| TREET ADDRESS | | | | | | ET ADORESS | | | | | | |
| ITY-ST-ZIP | | | | | | -ST-ZIP | | | | | | |
| ITLE | | | | ☐ Delete | TITLE | | | 1 7 7 4 4 ··· | | Change | Addition | |
| AME | | | | □ Delete | NAM | | | | ١ لـــ١ | лапус | Addition | |
| TREET ADDRESS | | | | | STRE | ET ADDRESS | | | | | ĺ | |
| ITY-ST-ZIP | | | | | CITY | ST-ZIP | • | | | | ĺ | |
| TLE | | | | ☐ Delete | TITLE | | | #+W- | | Change | Addition | |
| AME | | | | | NAM | : | | | | - | _ | |
| TREET ADDRESS | | | | | | T ADDRESS | | | | | | |
| ITY-ST-ZIP | | information supplied | 1 56. 40.1. 200 | | | ST- ZIP | | | | | | |
| | WELLOW TOOK TOO | LIDIOEMATIAN CHIPALIA | a uuto toio tilioo | | the ever | | | 110 07/0\/3\ Elevisia Otationa 1.6 | | | | |

refereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: