

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

DOCUMENT #

1. Entity Name

THE C&E CONNECTION, INC.



FILED

03 OCT -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13415 SW 56 st

Suite, Apt. #, etc.

3. Mailing Address

13415 SW 56st

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

05-0586178

☒ Applied For

☐ Not Applicable

Zip

33175

Country

US

Zip

33175

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Evian Pena

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

6020 SW 137 Ave.

City

Miami

State

FL

Zip Code

33183

**DO NOT WRITE
IN THIS SPACE**

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 Evian Pena

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

(NOTE: Registered Agent signature required when reinstating)

09-30-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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-STATE-ZIP
President
Evian Pena
6020 SW 137 Ave.
Miami, FL 33183

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Vice President
Michelle Pena
6020 SW 137 Ave.
Miami, FL 33183

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle Pena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-30-03

(305) 374-6664

DATE

DAYTIME PHONE #

CR2E034B (12/02)

21 0013