

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080803

1. Entity Name
PELC INVESTMENTS, INC.



Principal Place of Business
1021 ORIOLE AVE
MIAMI SPRINGS FL 33166

Mailing Address
1021 ORIOLE AVE
MIAMI SPRINGS FL 33166

2. Principal Place of Business
1029 E 32 St
Suite, Apt. #, etc.

3. Mailing Address
1029 E 32 St
Suite, Apt. #, etc.

City & State
Hialeah FL 33013
Zip
33013
Country
USA

City & State
Hialeah FL 33013
Zip
33013
Country
USA

4. FEI Number
14-1838957

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, CARMEN
1021 ORIOLE AVE
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name: Eduardo Peña
Street Address (P.O. Box Number is Not Acceptable)
1029 E 32 St
City: Hialeah FL Zip Code: 33013

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

3/24/03

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 VTD ☐ Delete
NAME PENA, PATRICIA
STREET ADDRESS 1021 ORIOLE AVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE PSD ☐ Delete
NAME PENA, EDUARDO
STREET ADDRESS 1021 ORIOLE AVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☒ Change ☐ Addition
NAME Peña Patricia
STREET ADDRESS 1029 E 32 St
CITY-ST-ZIP Hialeah FL 33013

TITLE VTD ☒ Change ☐ Addition
NAME Pena Eduardo
STREET ADDRESS 1029 E 32 St
CITY-ST-ZIP Hialeah FL 33013

TITLE STD ☐ Change ☒ Addition
NAME Yoanny Marante
STREET ADDRESS 12772 NW 99 Ct
CITY-ST-ZIP Hialeah FL 33018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 supplement 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 (305) 691-7297
Date Daytime Phone #

CR2E034 (10/02)