

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005129

1. Entity Name

PENA HOLDINGS LIMITED, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90041 014 ***150.00

Principal Place of Business

Mailing Address

~~201 CRANDON BLVD~~

~~201 CRANDON BLVD~~

~~APT 174~~

~~APT 174~~

KEY BISCAVNE FL 33149

KEY BISCAVNE FL 33149-1517

2. Principal Place of Business

3. Mailing Address

785 Crandon Blvd

785 Crandon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

apt 904

apt 904

City & State

City & State

Key Biscayne FL

Key Biscayne FL

Zip 33149

Zip 33149

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, ONSTANTION S

~~201 CRANDON BLVD~~

~~APT 174~~

KEY BISCAVNE FL 33149

Name

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

785 Crandon Blvd

apt 904

City Key Biscayne

FL

Zip Code

33149

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.

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete

NAME PENA, CONSTANTINO S

STREET ADDRESS ~~201 CRANDON BLVD APT 174~~

CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE ☐ Delete

NAME PENA, CARMEN

STREET ADDRESS ~~201 CRANDON BLVD APT 174~~

CITY-ST-ZIP KEY BISCAVNE FL 33149

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME 785 Crandon Blvd 904

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 785 Crandon Blvd 904

STREET ADDRESS

CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 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

1/18/2000

Date

305 361-9222

Daytime Phone #