

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90054 031 ***150.00

DOCUMENT # P94000047259

1. Entity Name

VILLA PENA ONE CORPORATION

Principal Place of Business

Mailing Address

201 CRANDON BLVD
APT 174
KEY BISCAVNE FL 33149

201 CRANDON BLVD
APT 174
KEY BISCAVNE FL 33149-1517



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

785 Crandon Blvd 904
Suite, Apt. #, etc.

785 Crandon Blvd
Suite, Apt. #, etc.

City & State
Key Biscayne FL

City & State
Key Biscayne FL

4. FEI Number 65-0501976

Applied For
Not

Zip 33149

Country

Zip 33149

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, CONSTANTINO E
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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PENA, CONSTANTINO E
STREET ADDRESS 201 CRANDON BLVD APT 174
CITY-ST-ZIP KEY BISCAVNE FL 33149
Delete ☐

TITLE
NAME
STREET ADDRESS 785 Crandon Blvd 904
CITY-ST-ZIP
Change ☒

TITLE D
NAME PENA, CARMEN
STREET ADDRESS 201 CRANDON BLVD APT 174
CITY-ST-ZIP KEY BISCAVNE FL 33149
Delete ☐

TITLE
NAME
STREET ADDRESS 785 Crandon Blvd 904
CITY-ST-ZIP
Change ☒

TITLE
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STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
Change ☐

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

SIGNATURE: Carmen Pena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

Date

305-341-9222

Daytime Phone #