

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047263

1. Entity Name

VILLA PENA TWO CORPORATION

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90054 030 \*\*\*150.00

Principal Place of Business

Mailing Address

~~201 CRANDON BLVD~~  
~~APT 174~~  
KEY BISCAYNE FL 33149

*785 Crandon Blvd*  
*apt 904*

~~201 CRANDON BLVD~~  
~~APT 174~~  
KEY BISCAYNE FL 33149-1517

*785 Crandon Blvd*  
*apt 904*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 BISCAYNE FL 33149

*785 Crandon Blvd*  
*apt 904*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PENA, CONSTANTINO E	
STREET ADDRESS	<del>201 CRANDON BLVD APT 174</del>	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENA, CARMEN	
STREET ADDRESS	<del>201 CRANDON BLVD APT 174</del>	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	<i>785 Crandon Blvd apt 904</i>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	<i>785 Crandon Blvd apt 904</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 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

*1/15/2000*

Date

*305-361-9222*

Daytime Phone #