

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037263

1. Entity Name

LAW OFFICES OF MARIA E. PENA, P.A.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90044 050 \*\*\*150.00

Principal Place of Business

2450 SW 137TH AVE.  
#226  
MIAMI FL 33175  
US

Mailing Address

2450 SW 137TH AVE.  
#226  
MIAMI FL 33175  
US

2. Principal Place of Business

2450 SW 137 ave

Suite, Apt. #, etc.

# 226

City & State

Miami FL 33175

Zip

33175

Country

USA

3. Mailing Address

2450 SW 137 ave

Suite, Apt. #, etc.

226

City & State

Miami FL

Zip

33175

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0829940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PENA, MARIA E ESQ  
9132 S.W. 143RD AVENUE  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	PENA, MARIA E ESQ	
STREET ADDRESS	14345 SW 90 ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	PST	<input type="checkbox"/> Delete
NAME	PENA, MARIA E ESQ	
STREET ADDRESS	14345 SW 90 ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

2/3/14/01 305-670-3223

CR2E034 (10/00)

02/2007