

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90036 044 \*\*\*150.00

DOCUMENT # P98000052124

1. Entity Name

PENEIDAS GROUP CORP.

Principal Place of Business

Mailing Address

~~2035 WEST FLAGER ST  
MIAMI FL 33135~~

~~2035 WEST FLAGER ST  
MIAMI FL 33135-1616~~

4660 SW 13 Terr  
Miami, FL 33134

4660 SW 13 Terr  
Miami, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0850626

Applied  
Not

5. Certificate of Status Desired ☐

\$8.75  
Fee Required

DO NOT WRITE IN THIS SPACE

60017757

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PENA, JOSE  
2035 WEST FLAGER ST  
MIAMI FL 33135~~

Name Manuel Espinosa

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

4660 SW 13 Terr

Miami, FL 33134

City Miami FL Zip Code 33134

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  
Added to:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☒ Delete  
NAME PD  
STREET ADDRESS PENA, JOSE  
CITY-ST-ZIP 165 S.W. 130TH AVE  
MIAMI FL 33184

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS ESPINOSA, MANUEL  
CITY-ST-ZIP 2421 SAN DOMINGO  
CORAL GABLES FL 33134

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

TITLE ☒ Change  
NAME MANUEL ESPINOSA  
STREET ADDRESS 4660 SW 13 Terr  
CITY-ST-ZIP Miami, FL 33134

TITLE ☐ Change  
NAME EIDA ARTIGAS ESPINOSA  
STREET ADDRESS 4660 SW 13 Terr  
CITY-ST-ZIP Miami, FL 33134

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change  
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 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 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

01/15/2000 (305) 44

Date

Daytime Phone #