

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90069 010 ***150.00

DOCUMENT # P98000052124

1. Entity Name

PENEIDAS GROUP CORP.

DO NOT WRITE IN THIS SPACE

10091341

2. Principal Place of Business
2421 SAN DOMINGO
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 140003
Suite, Apt. #, etc.
CORAL GABLES, FL

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL
Zip
33134
Country
U.S.A.

City & State
FLORIDA 33114
Zip
33114
Country
U.S.A.

4. FEI Number
05-0850626
Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MANUEL ESPINOSA
Street Address (P.O. Box Number is Not Acceptable)
2421 SAN DOMINGO
City
CORAL GABLES 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

Manuel Espinosa
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

Manuel Espinosa 4/15/03
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
MANUEL ESPINOSA
2421 SAN DOMINGO
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
ARTURO EIDA EIDA
2421 SAN DOMINGO
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EIDA ARTURO ESPINOSA (786) 234-5222
Date
4/15/03 Daytime Phone #