

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91171 042 \*\*\*550.00

**DOCUMENT # P980000699087**

1. Entity Name

**PENA TRUCKING CO.**

**771359**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**7305 PAGO ST.  
 ORLANDO FL 32822**

**7305 PAGO ST.  
 ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

**7305 PAGO ST**

**7305 PAGO ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

Zip

**32822**

Country

**USA**

Zip

**32822**

Country

**USA**

4. FEI Number

**59-3530557**

Applied For

Not Applicable

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, HEISON  
 7305 PAGO ST.  
 ORLANDO FL 32822**

Name **HEISON PENA**

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

**7305 PAGO ST**

City **ORLANDO**

**FL**

Zip Code

**32822**

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!  
 After MAY 1, 2001  
 Make Check Payable**

**FEE IS \$150.00  
 Fee will be \$550.00  
 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PENA, HEISON**  
 CITY-ST-ZIP **7305 PAGO ST.  
 ORLANDO FL 32822**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. If the information has 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 #

CR2E034 (10/00)