

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19316

1. Entity Name

PENA-ALUM GLASS & MIRROR, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90154 008 \*\*\*150.00

Principal Place of Business

Mailing Address

7831 NW 15 ST  
MIAMI FL 33126  
US

7831 NW 15 ST  
MIAMI FL 33126-1109  
US

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

65-0231199

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, PETER A.  
7831 NW 15 ST  
MIAMI FL 33126

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, 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 PD ☐ Delete  
NAME PENA, PETER A.  
STREET ADDRESS 15871 SW 148 TERR  
CITY-ST-ZIP MIAMI FL

TREASURER ☐ Change ☒ Addition  
NAME PENA, PETER A.  
STREET ADDRESS 15871 S.W. 148 TERRACE  
CITY-ST-ZIP MIAMI, FLORIDA 33196

TITLE VP ☐ Delete  
NAME PENA, ROBERT  
STREET ADDRESS 14901 S.W. 157 CT  
CITY-ST-ZIP MIAMI FL

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

TITLE SVP ☐ Delete  
NAME PENA, LORRAINE M  
STREET ADDRESS 15871 SW 148 TERR  
CITY-ST-ZIP MIAMI FL

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

TITLE TD ☒ Delete  
NAME PENA, PEDRO A  
STREET ADDRESS 14901 SW 157 COURT  
CITY-ST-ZIP MIAMI FL

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

TITLE VP ☐ Delete  
NAME PENA, LYNN M  
STREET ADDRESS 15871 S.W. 148TH TERRACE  
CITY-ST-ZIP MIAMI FL 33196

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 #

CR2E034 (9/99)