

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90065 016 ***150.00

DOCUMENT # S19316

1. Entity Name
PENA-ALUM GLASS & MIRROR, INC.



Principal Place of Business
**7831 NW 15 ST
MIAMI FL 33126
US**

Mailing Address
**7831 NW 15 ST
MIAMI FL 33126
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PENA, PETER A.	
STREET ADDRESS	1262 SW 75 TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PENA, ROBERT	
STREET ADDRESS	14901 S.W. 157 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	PENA, LORRAINE M	
STREET ADDRESS	12262 SW 75 TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PENA, LYNN M	
STREET ADDRESS	12262 SW 75 TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	T	<input type="checkbox"/> Delete
NAME	PENA, PETER A	
STREET ADDRESS	12262 SW 75 TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EDUARDO ZAMORA	
STREET ADDRESS	5857 N. Phom Bay Parkway	
CITY-ST-ZIP	Fort Lauderdale, FL. 33321	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12262 S.W. 75 Terrace	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16418 S.W. 167 TERRACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33193	
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
NAME	Pena, Peter A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDUARDO ZAMORA	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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 (10/02)