

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90093 019 \*\*\*158.75

0154734

**DOCUMENT # V35440**

1. Entity Name

**BRAULIO A. PENA, INC.**

Principal Place of Business

Mailing Address

**5800 SW 84TH STREET  
 S. MIAMI FL 33143  
 US**

**444 BRICKELL AVE  
 SUITE 51-176  
 MIAMI FL 33131-2432  
 US**

001132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*P.O. Box 141912*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*Coral Gables, FL*

4. FEI Number **65-0337855**

Applied For  
 Not Applicable

Zip

Country

Zip  
*33114*

Country  
*US*

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, BRAULIO A.  
 5800 SW 84TH STREET  
 S. MIAMI FL 33143**

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVS PENA, BRAULIO A. 5800 SW 84TH STREET S MIAMI FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PENA, BRAULIO A. 5800 SW 84TH STREET S MIAMI FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Braulio A. Pena* **1/15/01** **305-310-4263**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)