

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91541 028 \*\*\*\*61.25

**DOCUMENT # N15871**

1. Entity Name

**LA VID VERDADERA, INC.**

Principal Place of Business

Mailing Address

9603 BARNSIDE PL  
 TAMPA FL 33635  
 US

9603 BARNSIDE PL  
 TAMPA FL 33635  
 US

2. Principal Place of Business

3. Mailing Address

*William Velez Jr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc

*1705 HARTLEY Rd*

City & State

City & State

*TAMPA FL*

Zip

Country

*33619*

Country

*USA*

4. FEI Number

**59-2870396**

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

**MARTINEZ, LIZANDRA I**  
**15215 LIVINGSTON AVE. #55**  
**TAMPA FL 33549**

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

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*May 17, 2002*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VELEZ, WILLIAM JR.	
STREET ADDRESS	1707 HARTLEY RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VELEZ, DAVID W	
STREET ADDRESS	PO BOX 16112	
CITY-ST-ZIP	TAMPA FL 33687	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTINEZ, LIZANDRA I	
STREET ADDRESS	15215 LIVINGSTON AVE #55	
CITY-ST-ZIP	TAMPA FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 617, 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 life empowered.

SIGNATURE:

*[Handwritten Signature]*  
**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 17, 2002 813-453-5078*

Date

Daytime Phone #

CR2E037 (9/01)