

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90412 002 ***150.00

DOCUMENT # P01000057973

1. Entity Name
LAVILA FLORIDA CORPORATION

Principal Place of Business Mailing Address
145 MADEIRA AVENUE SUITE 310 **145 MADEIRA AVENUE SUITE 310**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address
1300 Brickell Ave **1300 Brickell Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL **Miami FL**
 Zip Country Zip Country
33131 **33131** **33131** **33131** **33131**

4. FEI Number Applied For
03-0397709 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SANCHEZ DE VARONA, RAUL J
145 MADEIRA AVENUE SUITE 310
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **Juan Pablo Bayona**
 Street Address (P.O. Box Number is Not Acceptable)
1300 Brickell Ave
 City **Miami** **FL** Zip Code **33131**

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 DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ DE VARONA, RAUL J	
STREET ADDRESS	145 MADEIRA AVENUE SUITE 310	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oswaldo Jugo Rueda	
STREET ADDRESS	1300 Brickell Ave	
CITY-ST-ZIP	Miami FL 33131	
TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rejina de Jugo	
STREET ADDRESS	1300 Brickell Ave	
CITY-ST-ZIP	Miami FL 33131	
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		
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: **OSWALDO JUGO RUEDA** 7/29/02 (305)351-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

05/27/02 11:15 AM

CR2E034 (9/01)