

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-27-2002 90006 012 ***150.00

DOCUMENT # P94000037269

1. Entity Name
LA GAITANA US CORP.

Principal Place of Business

**6701 NW 7 STREET
170
MIAMI FL 33126**

Mailing Address

**6701 NW 7 STREET
170
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 **65-0492734**

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

**BLEIER, CAMILO
6701 NW 7 STREET
170
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BLEIER, CAMILO**
STREET ADDRESS **2916 N. W. 72ND AVE.**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6701 NW 7 STREET SUITE 170**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **SD** ☐ Delete
NAME **CAVELIER, ELENA**
STREET ADDRESS **177 OCEAN LANE DR. APT. 204**
CITY-ST-ZIP **KEY-BISCAYNE FL 33149**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6701 NW 7 STREET SUITE 170**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **TD** ☐ Delete
NAME **SACRISTAN, ESLA DEL C**
STREET ADDRESS **CALLE 78 NO. 10-31 INT. 5**
CITY-ST-ZIP **BOGOTA, COLOMBIA CO**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6701 NW 7 STREET SUITE 170**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 reports 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/02 305 260 0141

Date

Daytime Phone #

MIAMI AV

CR2E034 (9/01)

POSTED