


FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91759 026 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P96000066488</u>	
1. Entity Name <u>EL FOLD XIX CORPORATION</u>	

90128175

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>3505 So. Ocean DR.</u> Suite, Apt. #, etc. <u>3-B</u> City & State <u>Hollywood Fla.</u> Zip <u>33019</u> Country <u>Broward</u>	3. Mailing Address <u>3505 So. Ocean DR.</u> Suite, Apt. #, etc. <u>3-B</u> City & State <u>Hollywood, Fla.</u> Zip <u>33019</u> Country <u>Broward</u>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0692741</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name <u>AIDA ESTEVEZ</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>7440 S.W. 136 St.</u>	
City <u>Miami</u>	FL Zip Code <u>33156</u>

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P AIDA ESTEVEZ</u> <u>7440 S.W. 136 St.</u> <u>Miami, Fla. 33156</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V P UNISES ESTEVEZ</u> <u>7440 S.W. 136 St.</u> <u>Miami, Fla. 33156</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Analia Ladner</u> <u>3505 So. Ocean DR. #3-B</u> <u>Hollywood, Fla. 33019</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

954 927-8911

Daytime Phone #

CR2E034B (12/02)