

**2002 FOR PROFIT CORPORATION 2002
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90779 003 ***150.00

DOCUMENT # *P99000017004*

1. Entity Name

LA SERENA DELIVERY CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4841 NW 7th St.

Suite, Apt. #, etc.

306

City & State

MIAMI, FL.

Zip

33126

Country

U.S.A

3. Mailing Address

4841 NW 7th St.

Suite, Apt. #, etc.

306

City & State

MIAMI, FL.

Zip

33126

Country

U.S.A.

4. FEI Number

65-0896499

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE M. VALDES

Street Address (P.O. Box Number is Not Acceptable)

4841 NW 7th St. #306

City

MIAMI

FL

Zip Code

33126

**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.

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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: *FD*
NAME: *VALDES, JOSE M*
STREET ADDRESS: *4841 NW 7TH STREET #306*
CITY-ST-ZIP: *MIAMI, FL 33126*

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: *JD*
NAME: *VALDES, TERESA*
STREET ADDRESS: *4841 NW 7TH STREET #306*
CITY-ST-ZIP: *MIAMI, FL 33126*

TITLE: _____
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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 on an attachment with an address with all other like empowered.

SIGNATURE: *Teresa Valdes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESA VALDES

4/15/02 (305) 461-4149

Date

Daytime Phone #

CR2E034B (12/01)