

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90194 022 \*\*\*150.00  
07-30-2003 90069 027 \*\*\*150.00

**DOCUMENT # 528381**

1. Entity Name

**LAS TRES B FACTORY OUTLET, INC. (BBB)**



Principal Place of Business  
**11462 QUAIL ROOST DR.  
MIAMI FL 33157**

Mailing Address  
**11462 QUAIL ROOST DR.  
MIAMI FL 33157**

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 **59-1721993**

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

**GONZALEZ, ARTURO  
11462 QUAIL ROOST DR  
MIAMI FL 33157**

Name **Salvador Villegas**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/22/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
VILLEGAS, SALVADOR  
11462 QUAIL ROOST DR.  
MIAMI FL 33157** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE: X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/22/03**  
Date

**(786) 326-4810**  
Daytime Phone #

CR2E034 (4/03)

Attachment #

FLORIDA DEPARTMENT OF REVENUE  
ANNUAL REPORT OR REINSTATEMENT

EIN: 59-1721993

DOC # 528381

Re: LAS TRES B FACTORY OUTLET, INC. (BBB)

80134434  
528381

July 21, 2003

To Whom It May Concern,

As you request me I am sending this letter to explain the reason why I did not file the annual Report of **LAS TRES B FACTORY OUTLET, INC.** located at **11462 Quail Roost Drive Miami, FI 33157**. Because I never received the form required.

If you any question do not hesitate contact me to (786) 326-4810.

Sincerely,

  
**SALVADOR VILLEGAS**  
President