## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State **DOCUMENT #** 544397 1. Entity Name LAGUNITA CORP. 05-13-2002 90172 043 \*\*\*158.75 Principal Place of Business Mailing Address C/O DELCO REALTY, INC. C/O DELCO REALTY, INC. 8798 SW 8TH STREET 8798 SW 8TH STREET MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1838474 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . - -- - 6. Name and Address of Current Registered Agent --7.-Name and Address of New Registered Agent --Name FERNANDEZ, DORITA C Street Address (P.O. Box Number is Not Acceptable) 8798 S.W. 8TH ST. STE. #1 **MIAMI FL 33174** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition COUTTENYE, BLANCA KEY DE NAME NAME STREET ADDRESS 8798 S.W. 8TH ST. #1 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 CITY-ST-ZIP · TITLE ☐ Delete TITLE Change ☐ Addition NAME COUTTENYE, INGERBORG DE NAME STREET ADDRESS 8798 S.W. 8TH ST. #1 STREET ADDRESS CITY-ST-7IP MIAM! FL 33174 CITY-ST-ZIP TITLE ☐ Delete Change NAME COUTTENYE, JUAN C NAME 8798 S.W. 8TH ST. #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME DEL COLLADO, ANTOLIN NAME STREET ADDRESS 8798 S.W. 8TH ST. #1 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33174** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition FERNANDEZ, DORITA C NAME STREET ADDRESS 8798 S.W. 8TH ST. #1 STREET ADDRESS CITY-ST-ZIF MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 empewered 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 th all other ke empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

DORITA C. FERNANDEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR