

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90005 010 ***150.00

C0070891

DO NOT WRITE IN THIS SPACE

DOCUMENT # F22002				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 1. Entity Name LA PLACITA DE LOS PINOS, INC. </div>									
Principal Place of Business		Mailing Address											
c/o Sara Austin 5630 3rd Avenue Stock Island, Key West Florida 33040		c/o Sara Austin 5630 3rd Ave Stock Is Key West, FL 33040											
2. Principal Place of Business		3. Mailing Address											
5630 3rd Avenue		5630 3rd Avenue											
Suite, Apt. #, etc. Stock Island		Suite, Apt. #, etc. Stock Island											
City & State Key West, FL		City & State Key West, FL		4. FEI Number 65-0078955									
Zip 33040		Country Monroe		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Applied For</td> <td style="width: 20%;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable						
Applied For	Not Applicable												
Zip 33040		Country Monroe		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent										
Sara Austin 5630 3rd Avenue Stock Island, Key West, FL 33040			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
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.													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">SIGNATURE Signature, typed or printed name of registered agent and title if applicable.</td> <td style="width: 30%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="width: 40%; text-align: right;">DATE</td> </tr> </table>						SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE					
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) <input type="checkbox"/>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees									
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME	Padron, Sara A.		NAME										
STREET ADDRESS	3728 Paula Avenue, Key West,		STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME	Padron, Michael A.		NAME										
STREET ADDRESS	3728 Paula Ave, Key West, FL		STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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NAME			NAME										
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CITY-ST-ZIP			CITY-ST-ZIP										
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			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 Block 12 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: Sara Padron <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 5/29/01 305-790-8335 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> DATE Daytime Phone # </div>										

CR2E034 (11/00)