

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90111 024 ***150.00

DOCUMENT # G62345

1. Entity Name

LA GOMERA INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

C/O ACC GROUP
 1101 BRICKELL AVE., STE 402
 MIAMI FL 33131

2 S. BISCAYNE BLVD
 STE 3400
 MIAMI FL 33131-1802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

200 So. Biscayne Blvd., Ste. 4000

Inc.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0737796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

Miami, FL 33131 U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
 2 SOUTH BISCAYNE BLVD
 STE 3400
 MIAMI FL 33131

Name

RJVF-CORPORATE-SERVICES, INC.

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

c/o Steel, Hector & Davis

200 S. Biscayne Blvd., Suite 4000

City

Miami

FL

Zip Code

33131

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.

RJVF CORPORATE SERVICES, INC.

SIGNATURE By:

Raul J. Valdes-Fauli

04/24/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	CASAL, ALI CORDERO - CASAL	
STREET ADDRESS	1101 BRICKELL AVE., STE 402	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CASAL, PEDRO CORDERO - CASAL	
STREET ADDRESS	1101 BRICKELL AVE., STE 402	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASAL, MARIELA CORDERO - CASAL	
STREET ADDRESS	1101 BRICKELL AVE., STE 402	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASAL, CARMEN LEONOR CORDERO - CASAL	
STREET ADDRESS	1101 BRICKELL AVE., STE 402	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE HERRERA, MARIA J. CORDERO - CASAL	
STREET ADDRESS	1101 BRICKELL AVE., STE 402	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDERO-CASAL, ALI	
STREET ADDRESS	1101 Brickell Ave., Ste 402	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDERO-CASAL, PEDRO	
STREET ADDRESS	1101 Brickell Ave., Ste 402	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDERO-CASAL, MARIELA	
STREET ADDRESS	1101 Brickell Ave., Ste 402	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDERO-CASAL, CARMEN LEONOR	
STREET ADDRESS	1101 Brickell Ave., Ste 402	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDERO-CASAL DE HERRERA, MARIA J.	
STREET ADDRESS	1101 Brickell Ave., Ste 402	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALI CORDERO CASAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

04/24/00

Daytime Phone #

CR2E034 (9/99)