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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State
05-27-2002 90431 031 ***150.00

DOCUMENT #
1. Entity Name LASTAYO - PADILLA & ASSOCIATES, INC.
K25996

DO NOT WRITE IN THIS SPACE

94022
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4090 LAGUNA, S-201A	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CORAL GABLES, FLORIDA	—
City & State	City & State
33146 USA.	—
Zip / Country	Zip / Country

4. FEI Number 650054781 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RAFAEL PADILLA
Street Address (P.O. Box Number is Not Acceptable) 8130 HAWTHORNE AVE
MIAMI BEACH
City **FL** Zip Code 33141

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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT - TREASURER JORGE E. LASTAYO 375 N.W. 124 AVE MIAMI - FLORIDA 33182	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V - S RAFAEL PADILLA 8130 HAWTHORNE AVE MIAMI BEACH, FL. 33141	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: RAFAEL PADILLA 305-4420610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #