

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90210 044 ***150.00

DOCUMENT # L84269

1. Entity Name

RETA LLANERA OF FLORIDA INC.



DO NOT WRITE IN THIS SPACE

70038307

2. Principal Place of Business
782 N.W LE JEUNE Rd.

3. Mailing Address
782 N.W LE JEUNE Rd.

Suite, Apt. #, etc.
439

Suite, Apt. #, etc.
439

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0200058

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33126

Country
MIAMI-DADE

Zip
33126

Country
MIAMI-DADE

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
ALEJANDRINA G. CRUZ

Street Address (P.O. Box Number is Not Acceptable)
782 N.W LE JEUNE Rd. STE 439

City MIAMI FL Zip Code 33126

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDSTT
RAMON EDUARDO TELLO
782 N.W LE JEUNE Rd. STE 439
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other life empowered.

SIGNATURE: _____ **PRESIDENT** **01/03/03** **(305) 445-1013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)