

J01 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90050 013 ***150.00

DOCUMENT # **M49834**

1. Entity Name

SCARPA ENTERPRISES, INC.



Principal Place of Business

Mailing Address

A0036138

2. Principal Place of Business

9260 S.W. 72ND ST

3. Mailing Address

9260 S.W. 72ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#117

#117

City & State

City & State

MIAMI FL.

MIAMI FL.

Zip

Country

Zip

Country

33173

DADE

33173

DADE

4. FEI Number

59-2788830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CRESPO, ALEJANDRO A.

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

9260 S.W. 72ND ST.

#117

City

MIAMI

FL

Zip Code

33173

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)

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, 2001 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 **PS GISELE FERNANDEZ** ☐ Delete
NAME
STREET ADDRESS **9260 SW 72ND ST #117**
CITY-ST-ZIP **MIAMI FL. 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD ALEXANDRA FERNANDEZ** ☐ Delete
NAME
STREET ADDRESS **9260 SW 72ND ST #117**
CITY-ST-ZIP **MIAMI FL. 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD ELENA MURILLO** ☐ Delete
NAME
STREET ADDRESS **9260 SW 72ND ST #117**
CITY-ST-ZIP **MIAMI FL. 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elena Murillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/16/01

CR2E034 (11/00)