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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State
05-15-2001 90152 035 ****75.00

DOCUMENT # N00000001463

1. Entity Name

ALMA LATINA BEAUTY PAGEANT, INC.

(LA)

Principal Place of Business	Mailing Address
158 GUADALAJARA STREET KISSIMMEE FL 34743-6601	158 GUADALAJARA STREET KISSIMMEE FL 34743-6601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACUNA, NEOLIA 158 GUADALAJARA STREET KISSIMMEE FL 34743-6601	Name ACUÑA, Noelia Street Address (P.O. Box Number is Not Acceptable) 158 Guadalajara Drive City KISSIMMEE, FL 3474 FL Zip Code 34743-6601

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☒ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, ELIKA 158 GUADALAJARA STREET KISSIMMEE FL 34743-6601 "T" ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 158 Guadalajara Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, MANUEL A 158 GUADALAJARA STREET KISSIMMEE FL 34743-6601 "T" ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 158 Guadalajara Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ACUNA, CARMEN 158 GUADALAJARA STREET KISSIMMEE FL 34743-6601 "T" ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 158 Guadalajara Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Noelia Acuña Noelia Acuña 5-1-01 (407)344-8314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #