

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000253

1. Entity Name

ESTRELLA MORENA FUEGO FLAMENCO, INC.

Principal Place of Business

3560 SW 84 AVENUE
MIAMI FL 33155-3314

Mailing Address

3560 SW 84 AVENUE
MIAMI FL 33155-3314

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SALAZAR, LISETTE ESO
LISETTE PIE SALAZAR, P.A.
1390 BRICKELL AVE SUITE 200
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name LOUISE ZORILLA

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

3560 SW 84 AVENUE

City MIAMI

FL

Zip Code 33155

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/13/2002
DATE

After September 13, 2002,
min. will be \$236.25.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENA, ESTRELLA 3560 SW 84 AVENUE MIAMI FL 33155-3314	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZORILLA, JOSE 3560 SW 84 AVENUE MIAMI FL 33155-3314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGAULT, JULIE 3560 SW 84 AVENUE MIAMI FL 33155-3314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEVES, ELIZABETH 3560 SW 84 AVENUE MIAMI FL 33155-3314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.Y.P. LOUISE ZORILLA 3560 S.W. 84 AVE. MIAMI FL 33155-3314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T + D 900009508749 12/13/02--01062--020 **245.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.D. 9/13/2002
Daytime Phone #

APPROVED
AND
FILED

02 DEC -3 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number 65-1067841 Applied For Not Applicable

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

CR2E037 (4/02)