2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N36564 1. Entity Name					FILED			
LA SAGRADA FAMILIA, INC.					D3 JUL 18 PM 3: 22			
Principal Plac	ce of Business	Mailing Address			SECRE	IARY OF STATE		
107-28 LIVERPOOL ST 107-28 LIVERPOOL ST				FALL AH/	ASSEE, FLORIDA	A		
JAMAICA NY 11435 JAMAICA NY 11435					·			
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	Place of Business	3. Mailing Address	55 00					
113~ Suite, Apt.		107-23 7	21 RD	·	######################################	OO NOT WRITE IN T	น์ได้ จอกักัก _ั	
		#140	·		MENUE		500 0 0C	
City & State TAMAICA, NY			City & State FOREST HILS NY		4. FEI Number 59-2995575 Not Applicable			
Zip	33 Country	Zip	Country		5. Certificate of St	tatus Desired	\$8.75 Ad	ditional
<u> 114</u>	6. Name and Address of Current F	11375 Registered Agent	<u>u.s.</u>			Iress of New Registe	Fee Require	<u> </u>
			Name		Traine and Train		- rgont	
SMITH, DELSA M Street Addres				ddress (l	s.(P.O., Box.Number.is.Not.Acceptable)			
5951 ELMHURST ROAD						 		
WEST PAL	LM BEACH FL 33417		City				FL Zip Cod	e
9 The above	named active cubrate this statement for	the purpose of changing its re-	agistared office of	r rooletor	ad agent or both in			and accept
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.								
SIGNIATURE DELSA M. SMITH Delsa m. Swith 2-6-03								
SIGNATURE DELSA M. 5MHH Delsa Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE								
t. *	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:						
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I						
· P	After September 13, 2002,	9. Election Camp	Registered Agent signat	ure required	\$5.00 May Be	Make Ct	neck Payable	
· ·			Registered Agent signat		when reinstating)	Make Ct	ATE	
10.	After September 13, 2002, min. will be \$236.25.	9. Election Camp Trust Fund Co	negistered Agent signat paign Financing ntribution.	ure required	\$5.00 May Be Added to Fees	Make Ct	neck Payable Iment of State	1 10
10.	After September 13, 2002, min. will be \$236.25. OFFICERS AND DIR	9. Election Camp Trust Fund Co	negistered Agent signat paign Financing intribution.	Pre-	\$5.00 May Be Added to Fees	Make Ct Depart	neck Payable Iment of State D DIRECTORS IN	I 10 Addition
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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 REQUESTS

3-6-03

718-738-5994