

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003544

1. Entity Name

LA FAMA DE JESUS INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90076 040 ****61.25

Principal Place of Business Mailing Address
3607 S. DIXIE HWY 3607 S. DIXIE HWY
WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405-2227
US US

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 65-0511480 Applied For Not Applied For

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

CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD SUITE 211
PALM BEACH GARDENS FL 33418

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 PD
NAME HECHAVARRIA RE RIGOBERTO
STREET ADDRESS % 3607 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

TITLE CANDIDA D. HECHAVARRIA
NAME 528 Monclair Rd
STREET ADDRESS WPB FL 33405 ☐ Change ☒ Add

TITLE D
NAME VACA, ANA
STREET ADDRESS % 3607 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

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

TITLE D
NAME DIAZ, JULIAN
STREET ADDRESS % 3607 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☒ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Add

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

1-5-2000

Date

Daytime Phone #