

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000003544**

1. Entity Name

**LA FAMA DE JESUS INC.****FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90002 023 \*\*\*\*61.25

0049482

Principal Place of Business

**3607 S. DIXIE HWY  
WEST PALM BEACH FL 33405  
US**

Mailing Address

**3607 S. DIXIE HWY  
WEST PALM BEACH FL 33405  
US****002878**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0511480**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**PD  
HECHAVARRIA RE RIGOBERTO  
% 3607 S DIXIE HWY  
WEST PALM BEACH FL 33405**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**D  
VACA, ANA  
% 3607 S DIXIE HWY  
WEST PALM BEACH FL 33405**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**D  
CANDIDA, HECHADARRIA  
528 MONCLARIN RD  
WEST PALM BEACH FL 33405**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
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CITY - ST - ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ 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**

Date

Daytime Phone #

CR2E037 (10/00)