

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035072

1. Entity Name

LA PALMA ENVIOS & SERVICES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91159 048 ***158.75

Principal Place of Business

4695 WEST FLAGLER STREET
MIAMI FL 33134-1512

Mailing Address

4695 WEST FLAGLER STREET
MIAMI FL 33134-1512

2. Principal Place of Business

4099 W. Flagler St
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL 33134

City & State

Zip

33134

Country

USA

Country

4. FEL Number

65-1005554

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, ROBERTO
4695 WEST FLAGLER STREET
MIAMI FL 33134-1512

7. Name and Address of New Registered Agent

Name

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

4699 W. FLAGLER ST

City

MIAMI

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)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS DOMINGUEZ, ROBERTO
CITY-ST-ZIP 4695 WEST FLAGLER STREET
MIAMI FL 33134-1512

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME R/S/T
STREET ADDRESS ROBERTO DOMINGUEZ
CITY-ST-ZIP 4699 W. FLAGLER ST
MIAMI, FL 33134

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (10/00)