

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037366

1. Entity Name

DONA ISIDORA CORP.

Principal Place of Business

C/O RAFAEL SANCHEZ-ABALLI, ESQ.  
1101 BRICKEL AVE., STE. 1400  
MIAMI FL 33131

Mailing Address

C/O RAFAEL SANCHEZ-ABALLI, ESQ.  
1101 BRICKEL AVE., STE. 1400  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ANDREWS, J. WESLEY ESQ  
C/O RAFAEL SANCHEZ-ABALLI, ESQ.  
1101 BRICKEL AVE., STE. 1400  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **RAFAEL SANCHEZ-ABALLI**  
Street Address (P.O. Box Number is Not Acceptable)  
**1101 Brickell Ave, Ste. 1400**  
City **Miami** FL Zip **33131**

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

**4/30/01**

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

**D**  
**VALENZUELA LARRANAGA, PATRICIO**  
**1101 BRICKELL AVE., STE. 1400**  
**MIAMI FL 33131**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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

**President/Director 4/30/01 (305) 373-0330**

Date

Daytime Phone #

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90354 001 \*\*\*300.00

**41346**



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)