

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91178 006 ***150.00

0063737

DOCUMENT # P00000041808
 1. Entity Name
LA MARINA CORP.

Principal Place of Business Mailing Address
18459 PINES BLVD.
STE. 342
PEMBROKE PINES, FL 33029 **SAME**

A0071546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7220 NW, 36th ST **7220 NW, 36th ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
642 **642**

City & State City & State
MIAMI, FL **MIAMI, FL**

4. FEI Number Applied For
65-1007061 Not Applicable

Zip Country Zip Country
33166 USA **33166 USA**

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

6. Name and Address of Current Registered Agent
TOVAR, ILEANA ARIAS
9900 STIRLING ROAD, # 240
COOPER CITY, FL 33024

7. Name and Address of New Registered Agent
 Name **TOVAR, ILEANA ARIAS**
 Street Address (P.O. Box Number is Not Acceptable)
1725 MAIN ST, # 205
 City **WESTON** FL Zip Code **33326**

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  DATE **5/11/01**
Signature, typed or printed name of registered agent and title if applicable. (NOT 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE	PD	<input type="checkbox"/> Delete
NAME	URRIBARRI, ORLANDO	
STREET ADDRESS	18459 PINES BLVD, #342	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	TD	<input type="checkbox"/> Delete
NAME	URRIBARRI, JENNY	
STREET ADDRESS	18459 PINES BLVD, #342	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	JD	<input type="checkbox"/> Delete
NAME	ALFONZO, JOAN CARLOS	
STREET ADDRESS	18459 PINES BLVD, #342	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	SD	<input type="checkbox"/> Delete
NAME	URRIBARRI, JELITZA	
STREET ADDRESS	18459 PINES BLVD, #342	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **5/10/01** (786) 2421250
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (10/00)