

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90292 039 ***150.00

DOCUMENT # P00000044222

1. Entity Name:

La Pachamanca Ceiche House Inc.

Principal Place of Business Mailing Address

La Pachamanca Ceiche House Inc.
 10855 S.W. 72nd St. #27
 Miami, FL 33173

2. Principal Place of Business

10855 SW 72nd

Suite, Apt. #, etc.

#27

City & State

Miami FL

Zip

33173

Country

U.S.

3. Mailing Address

10855 S.W. 72nd

Suite, Apt. #, etc.

#27

City & State

Miami FL

Zip

33173

Country

U.S.

4. FEI Number

65-1005765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Maria Lopez
 10855 S.W. 72nd #27
 Miami, FL 33173

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

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

FILE NOW!!
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: **PST** NAME: **Maria Lopez** ☐ Delete
 STREET ADDRESS: **10855 S.W. 72nd**
 CITY-ST-ZIP: **#27 Miami FL 33173**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
 NAME:
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 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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 CITY-ST-ZIP:

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 no 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

5-20-2001 (305) 598-2988

Date

Daytime Phone #

CR2E034 (11/00)

Attachment
P000000X160

To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

My Corp name: L.A Pachamanka Ceuiche house, Inc
Document number: P000000 44222. Because
I don't Received my Annual Report. and I want.
pay my \$50.00 hundred fifty dollar Annual Fee.

Maria I Lopez

Philpuz

10855 S.W. 72 St #27
Miami, Fl. 33173