

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90354 016 \*\*\*158.75

**DOCUMENT #** P00000053041

**1. Entity Name**

La Maison du Soleil, Inc.

**Principal Place of Business**

6280 SW 102nd St.  
 Miami, FL 33156

**Mailing Address**

6280 SW 102nd St.  
 Miami, FL 33156

**2. Principal Place of Business**

7388 Red Road  
 Suite, Apt. #, etc.

**3. Mailing Address**

7388 Red Road  
 Suite, Apt. #, etc.

**City & State**

Miami, FL

**City & State**

Miami, FL

**4. FEI Number**

65-1016792

**Applied For**

Not Applicable

**Zip**

33143

**Country**

USA

**Zip**

33143

**Country**

USA

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

**6. Name and Address of Current Registered Agent**

Corporation Company of Miami  
 201 S. Biscayne Blvd.  
 1600 Miami Center  
 Miami, FL 33131

**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!!! 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**

|                       |                   |                                            |
|-----------------------|-------------------|--------------------------------------------|
| <b>TITLE</b>          | D                 | <input type="checkbox"/> Delete            |
| <b>NAME</b>           | Ugarte, Pamela    |                                            |
| <b>STREET ADDRESS</b> | 6280 SW 102nd St. |                                            |
| <b>CITY-ST-ZIP</b>    | Miami, FL 33156   |                                            |
| <b>TITLE</b>          | D                 | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b>           | Ruger, Carina     |                                            |
| <b>STREET ADDRESS</b> | 6280 SW 102nd St. |                                            |
| <b>CITY-ST-ZIP</b>    | Miami, FL 33156   |                                            |
| <b>TITLE</b>          |                   | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                   |                                            |
| <b>STREET ADDRESS</b> |                   |                                            |
| <b>CITY-ST-ZIP</b>    |                   |                                            |
| <b>TITLE</b>          |                   | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                   |                                            |
| <b>STREET ADDRESS</b> |                   |                                            |
| <b>CITY-ST-ZIP</b>    |                   |                                            |
| <b>TITLE</b>          |                   | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                   |                                            |
| <b>STREET ADDRESS</b> |                   |                                            |
| <b>CITY-ST-ZIP</b>    |                   |                                            |

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

|                       |                   |                                                                              |
|-----------------------|-------------------|------------------------------------------------------------------------------|
| <b>TITLE</b>          | D/P/T             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | Ugarte, Pamela    |                                                                              |
| <b>STREET ADDRESS</b> |                   |                                                                              |
| <b>CITY-ST-ZIP</b>    |                   |                                                                              |
| <b>TITLE</b>          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                   |                                                                              |
| <b>STREET ADDRESS</b> |                   |                                                                              |
| <b>CITY-ST-ZIP</b>    |                   |                                                                              |
| <b>TITLE</b>          | D/V/S             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | Ugarte, Enrique   |                                                                              |
| <b>STREET ADDRESS</b> | 6280 SW 102nd St. |                                                                              |
| <b>CITY-ST-ZIP</b>    | Miami, FL 33156   |                                                                              |
| <b>TITLE</b>          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                   |                                                                              |
| <b>STREET ADDRESS</b> |                   |                                                                              |
| <b>CITY-ST-ZIP</b>    |                   |                                                                              |
| <b>TITLE</b>          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                   |                                                                              |
| <b>STREET ADDRESS</b> |                   |                                                                              |
| <b>CITY-ST-ZIP</b>    |                   |                                                                              |

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:** Pamela Ugarte, President 4/27/01 (305) 667-1099  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)