

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90455 023 \*\*\*158.75  
 06-20-2001 90008 041 \*\*\*158.75

**DOCUMENT # P00000056398**

1. Entity Name

**AGUNSA L&D (MIAMI), INC.**

Principal Place of Business Mailing Address  
**2121 PONCE DE LEON BLVD. STE. 240** **2121 PONE DE LEON BLVD. STE. 240**  
**CORAL GABLES, FL 33134** **CORAL GABLES, FL 33134**

**A0074311**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>65-1023268</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PRATS, GABRIEL</b>		Name	
<b>2121 PONCE DE LEON BLVD., STE 240</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>CORAL GABLES, FL 33134</b>		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>URENDA SALMANCA, JOSE MANUEL</b>	NAME	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD #240</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTALBETTI MOLTEDP, FRANCO</b>	NAME	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD #240</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORLA GABLES, FL 33134</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANCILLA PEREZ, LUIS</b>	NAME	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD #240</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>URENDA SALAMANCA, DIEGO</b>	NAME	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD #240</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JIMENEZ PACHECO, RODRIGO</b>	NAME	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD #240</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

**URENDA SALMANCA** **Director** **June 14<sup>th</sup>, 2001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment  
#P00000056398  
A0074311

AGUNSA L & D (MIAMI), INC.  
2121 Ponce de Leon Blvd. Suite 240  
Coral Gables, Fl. 33134

May 16, 2001

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2001 Uniform Business Report ( U.B.R. ) for our company has not been filed.

According to our records we didn't receive the 2001 U.B.R. form. Enclosed is a completed 2001 U.B.R. and a check for \$158.75. We hereby request an abatement of the \$400.00 filling late penalty.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,



AGUNSA L & D (MIAMI), INC.

