

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90363 001 ***900.00

DOCUMENT # P00000057270

1. Entity Name
TOTORILLA CORP.

Principal Place of Business
**17050 N BAY ROAD UNIT 706
SUNNY ISLES BEACH FL 33160**

Mailing Address
**17050 N BAY ROAD UNIT 706
SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business
1101 Brickell AVE

3. Mailing Address
1101 Brickell AVE

Suite, Apt. #, etc.
Ste. 1400

Suite, Apt. #, etc.
Ste. 1400

City & State
Miami

City & State
Miami

Zip
FL 33131

Zip
FL 33131



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1085322

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROUSSO, MARK E ESQ
2875 NE 191 STREET, PH3A
AVENTURA FL 33180**

Name **RAPHAEL 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVDT** ☒ Delete
NAME **LARRANAGA, PATRICIO V**
STREET ADDRESS **17050 N BAY ROAD UNIT 706**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **PSD** ☐ Change ☒ Addition
NAME **Patricio Valenzuela Larranaga**
STREET ADDRESS **1101 Brickell Ave, Ste. 1400**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **S** ☒ Delete
NAME **LARRANAGA, PATRICIO V**
STREET ADDRESS **17050 N BAY ROAD UNIT 706**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 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

4/30/01

(305) 373-0330

Date

Daytime Phone #

CR2E034 (10/00)