

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90091 015 \*\*\*150.00

**DOCUMENT # P00000057802**

1. Entity Name  
**LA ALQUERIA, INC.**



Principal Place of Business  
**400 AURELIA AVE.  
CORAL GABLES FL 33146**

Mailing Address  
**400 AURELIA AVE.  
CORAL GABLES FL 33146**

2. Principal Place of Business  
**16400 COLLINS AVE.**

3. Mailing Address  
**16400 COLLINS AVE.**

Suite, Apt. #, etc.  
**#1743**

Suite, Apt. #, etc.  
**#1743**

City & State  
**SUNNY ISLES FL**

City & State  
**SUNNY ISLES FL**

Zip Country  
**33160**

Zip Country  
**33160**

4. FEI Number **65-1015692**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**22004047**



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

**CORDOVA, ANGEL D  
780 N.W. 42ND AVE. #416  
MIAMI FL 33126**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE **PD** ☐ Delete  
NAME **MATALLANA FLORES, ALBERTO**  
STREET ADDRESS **400 AURELIA AVE.**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **PD** ☒ Change ☐ Addition  
NAME **MATALLANA FLORES, ALBERTO**  
STREET ADDRESS **16400 COLLINS AVE. #1743**  
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE **VPT** ☐ Delete  
NAME **MATALLANA AYALA, CARLOS A**  
STREET ADDRESS **400 AURELIA AVE.**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **VPT** ☒ Change ☐ Addition  
NAME **MATALLANA AYALA, CARLOS A.**  
STREET ADDRESS **16400 COLLINS AVE. #1743**  
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE **S** ☐ Delete  
NAME **MATALLANA AYALA, CLAUDIA M**  
STREET ADDRESS **400 AURELIA AVE.**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **S** ☒ Change ☐ Addition  
NAME **MATALLANA AYALA, CLAUDIA M.**  
STREET ADDRESS **16400 COLLINS AVE. #1743**  
CITY-ST-ZIP **SUNNY ISLES, FL. 33160**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: **X** **CARLOS A. MATALLANA AYALA, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)