

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

"Amended"

DOCUMENT # P00000068857
1. Entity Name
LA ESPERANZA CARPENTRY, Corp.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 MAR 14 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13025 SW 122 Ave **3. Mailing Address** 12331 SW 39 Terr.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL **City & State** MIAMI, FL
Zip 33186 **Country** USA **Zip** 33175 **Country** USA

4. FEI Number 05-1030166 ☐ **Applied For**
☐ **Not Applicable**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SAMUEL FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
12331 SW 39 TERRACE
City MIAMI **FL** **Zip** 33175

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] SAMUEL FERNANDEZ 3/8/02
(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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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	<u>PID</u>
NAME	<u>Eliezer Fernandez</u>
STREET ADDRESS	<u>12331 SW 39 TERRACE</u>
CITY-ST-ZIP	<u>MIAMI, FL - 33175</u>
TITLE	<u>VIC</u>
NAME	<u>William Q. Perez</u>
STREET ADDRESS	<u>12331 SW 39 TERRACE</u>
CITY-ST-ZIP	<u>MIAMI, FL - 33175</u>
TITLE	<u>I</u>
NAME	<u>FELISA F. Perez</u>
STREET ADDRESS	<u>12331 SW 39 TERRACE</u>
CITY-ST-ZIP	<u>MIAMI, FL - 33175</u>
TITLE	<u>/</u>
NAME	<u>/</u>
STREET ADDRESS	<u>/</u>
CITY-ST-ZIP	<u>/</u>
TITLE	<u>/</u>
NAME	<u>/</u>
STREET ADDRESS	<u>/</u>
CITY-ST-ZIP	<u>/</u>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
		<u>000005193000</u>	<u>04/04/02--01067--017</u>
		<u>*****61.25</u>	<u>*****61.25</u>
		DO NOT WRITE IN THIS SPACE	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Eliezer Fernandez 3/8/02 305-4809864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)