

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90210 007 ***150.00

DOCUMENT # P00000070074

1. Entity Name

LAS ESTRELLAS DE SON DE AZUCAR, INC.

Principal Place of Business

8187 NW 8TH STREET
#305
MIAMI FL 33126

Mailing Address

8187 NW 8TH STREET
#305
MIAMI FL 33126

2. Principal Place of Business

7200 NW 179 ST
Suite, Apt. #, etc.
104

3. Mailing Address

7200 NW 179 ST
Suite, Apt. #, etc.
104

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33015

Country

U.S.A.

Zip

33015

Country

U.S.A.

4. FEI Number

65-1026939

Applied For

Not Applicable

5. Certificate of Status Desired ☒ NO

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTENEGRO, EDGAR G
8187 NW 8TH STREET
#305
MIAMI FL 33126

Name

MONTENEGRO, EDGAR G.

Street Address (P.O. Box Number is Not Acceptable)

7200 NW 179 ST #104

City

MIAMI

FL

Zip Code

33015

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

04-23-01

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 PD ☐ Delete
NAME MONTENEGRO, EDGAR
STREET ADDRESS 8187 NW 8TH STREET #305
CITY-ST-ZIP MIAMI FL 33126

TITLE PD, VD, SD ☒ Change ☒ Addition
NAME MONTENEGRO EDGAR G.
STREET ADDRESS 7200 NW 179 ST #104
CITY-ST-ZIP MIAMI FL 33015

TITLE VD ☒ Delete
NAME VARGAS, DIANA
STREET ADDRESS 8187 NW 8TH STREET #305
CITY-ST-ZIP MIAMI FL 33126

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

TITLE SD ☒ Delete
NAME RAMIREZ, ALEXANDRA
STREET ADDRESS 8187 NW 8TH STREET #305
CITY-ST-ZIP MIAMI FL 33126

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

04-22-01

Date

(305) 6093378

Daytime Phone #

CR2E034 (10/00)