

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

DOCUMENT # P00000079158

1. Entity Name

La Buhardilla USA Company

FILED

02 MAR -4 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4132 S. Carambola Cir.  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Apt # 301  
City & State  
Coconut Creek, FL  
Zip Country  
33066 Dade

City & State

Zip

Country

4. FFI Number

05-1033274

Applies For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name: Alberto Jose Sanchlemente  
Street Address (P.O. Box Number is Not Acceptable)

4132 S. Carambola Cir. Apt #301  
City: Coconut Creek FL Zip Code: 33066

**DO NOT WRITE  
IN THIS SPACE**

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 (Applicable)

(N/A) Registered Agent signature (required when registering)

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 \$160.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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: President  
NAME: Alberto Jose Sanchlemente  
STREET ADDRESS: 4132 S. Carambola Cir. Apt #301  
CITY-ST-ZIP: Coconut Creek, FL 33066

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

500005109135-8  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Printed Name