2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90050 003 ***150.00

DOCUMENT # P00000094132

1. Entity Name

PRODUCTOS La Maria INTERNational, corp

Principal Place of Business: 2738 MADISON st Hollywood Fl. 33020

Mailing Address: 2738 MADISON st Hollywood Fl. 33020

770398

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc. | Suite, Apt #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number: 65-1047766

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

6. Name and Address of Current Registered Agent

Garcia NESTOR ANTONIO
1316 South 20 AVENUE
Hollywood Fl. 33020

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.

SIGNATURE

9. This corporation is eligible to satisfy the 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

TITLE	PD
NAME	Garcia NESTOR ANTONIO
STREET ADDRESS	1316 South 20 AVENUE
CITY-ST-ZIP	Miami Fl. 33020
TITLE	SD
NAME	Garcia Veronica
STREET ADDRESS	1316 South 20 AVENUE
CITY-ST-ZIP	Miami Fl. 33020

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — blank)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/25/01 — (305) 485-9300