

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90021 041 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000095870					
Entity Name VIRGEN AMELIA GOIRE LA MILAGROSA, INC.					
Principal Place of Business 752 S.W. 7Th ST MIAMI FL 33134			Mailing Address 4752 S.W. 7Th ST MIAMI FL 33134		
Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1046403	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEONARDO P. MORA 4752 SW 7TH ST MIAMI FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code

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	
This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>				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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
<input type="checkbox"/> Delete	D/P LEONARDO O. MORA 4752 SW 7TH ST MIAMI FL 33134			<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	D/S/T ZORAIDA MORA 4752 SW 7TH ST MIAMI FL 33134			<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

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**
 Date: _____ Daytime Phone: _____