

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/28

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90002 038 \*\*\*150.00

**DOCUMENT # P00000097770**1. Entity Name  
**LA REINA, CORP.**Principal Place of Business  
**1241 S.W. 136TH PLACE  
MIAMI FL 33184**Mailing Address  
**1241 S.W. 136TH PLACE  
MIAMI FL 33184**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.City & State  
Zip Country Zip Country4. FEI Number  
**65-1047146**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Name and Address of Current Registered Agent  
**SIGLER, JOSE A  
1241 S.W. 136TH PLACE  
MIAMI FL 33184**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 \_\_\_\_\_  
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) ☐**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 Fees11. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PD **SIGLER, JOSE A** ☐ Delete  
**1241 S.W. 136TH PLACE**  
**MIAMI FL 33184**  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)