

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90018 031 ***550.00

DOCUMENT # P00000104297
 1. Entity Name
LE APUESTO INC.

Principal Place of Business Mailing Address
1813 S.W. 107TH AVENUE SUITE 2410 **1813 S.W. 107TH AVENUE SUITE 2410**
MIAMI FL 33165 **MIAMI FL 33165**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
11149 NW 72 Terr **11149 NW 72 Terr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FLORIDA **FLORIDA**

4. FEI Number Applied For
65-1052834 Not Applicable

Zip Country Zip Country
33178 **DADE** **33178** **DADE**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RESTREPO, RAMON A
1813 S.W. 107TH AVENUE SUITE 2410
MIAMI FL 33165

7. Name and Address of New Registered Agent
 Name **RESTREPO, RAMON A**
 Street Address (P.O. Box Number is Not Acceptable)
11149 NW 72 Terr
 City **Miami** **FL** Zip Code **33178**

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 *Ramon A Restrepo*
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 | D <input type="checkbox"/> Delete |
| NAME | RESTREPO, RAMON A |
| STREET ADDRESS | 1813 S.W. 107TH AVENUE SUITE 2410 |
| CITY-ST-ZIP | MIAMI FL 33165 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SANCHEZ, ROSA H |
| STREET ADDRESS | 1813 S.W. 107TH AVENUE SUITE 2410 |
| CITY-ST-ZIP | MIAMI FL 33165 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Ramon A Restrepo* SIGNATURE REQUIRED 08-02-01 3056391822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)