

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90283 026 ***150.00

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

DOCUMENT # *P00000113532*

1. Entity Name

P.L.A. EXPORT EDITORES, INC



DO NOT WRITE IN THIS SPACE

90066225

2. Principal Place of Business

830 S.W. 27 Rd

3. Mailing Address

830 S.W. 27 Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1064540

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33129

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carlos H. Ortiz

Street Address (P.O. Box Number is Not Acceptable)

830 S.W. 27 Rd

City

MIAMI

FL

Zip Code

33129

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

CARLOS H. ORTIZ, President / Agent

03/26/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME

PRESIDENT

STREET ADDRESS

Carlos Hernando Ortiz
830 S.W. 27 Rd, MIAMI-FL 33129

CITY-ST-ZIP

TITLE
NAME

SD
ADRIANA ZUNIGA

STREET ADDRESS

830 S.W. 27 Rd, MIAMI, FL 33129

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/03 305-860-0430

Date

Daytime Phone #

CR2E034B (12/02)