

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91718 048 \*\*\*150.00

**DOCUMENT # P01000005501**

1. Entity Name  
**LA HERRADURA, INC.**

Principal Place of Business

**12228 US HWY 301  
 DADE CITY FL 33525**

Mailing Address

**12228 US HWY 301  
 DADE CITY FL 33525**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3691546**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

Name

**ANITA SUAREZ**

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

**12228 US HWY 301**

City

**DADE CITY**

FL

Zip Code

**33525**

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

**7-16-02**

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 - 150.00**  
**After May 1, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	ALVARDO, MARIBEL	
STREET ADDRESS	12228 US HWY 301	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, LEOBARDO	
STREET ADDRESS	12228 US HWY 301	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DIAZ, ANGELINA	
STREET ADDRESS	12228 US HWY 301	
CITY-ST-ZIP	DADE CITY FL 33525	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anita Suarez	
STREET ADDRESS	12228 US HWY 301	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leticia Diaz	
STREET ADDRESS	12228 US HWY 301	
CITY-ST-ZIP	DADE CITY FL 33525	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-16-02**  
**7/21/02**

**352-567-2600**  
 Daytime Phone #

CR2E034 (9/01)

08/02/2002 11:06

8139687072

ROMAN AND ASSOCIATES

PAGE 01

(IRS USE ONLY)

575A 593691546

01-25-2001

LAHE B

0716927265 SS-4

#P01000045501

Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information, call 1-800-829-3676 and request Publication 966, 'EFTPS Answers to the Most Commonly Asked Questions.'

Please use the label IRS provided when filing tax documents. Use EFT coupons when making EFT payments. If that isn't possible, use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

LA HERRADURA INC  
% MARIBEL ALVARADO  
PO BOX 1788  
DADE CITY FL 33526

If this information isn't correct, please correct it using the bottom part of this notice. Return it to the address shown so we can correct your account.

Note: If you change your corporation to a S corporation, you must file Form 2553, Election by a Small Business Corporation.

Note: If you change your business to a corporation, you may need to file Form 8832, Entity Classification Election. See the form's instructions to determine if you're required to file.

82-02  
Attention: This is our 3rd Submission  
of the corrected form, I am enclosing  
a copy of the IRS FEI #.

Keep this part for your records.

CP 575 A (Rev. 1-2)

Return this part with any correspondence  
so we may identify your account. Please  
correct any errors in your name or address.

CP 575 A

0716927265

Your Telephone Number Best Time to Call  
( )

DATE OF THIS NOTICE: 01-25-2001  
EMPLOYER IDENTIFICATION NUMBER: 59-369154  
FORM: SS-4

INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

LA HERRADURA INC  
% MARIBEL ALVARADO  
PO BOX 1788  
DADE CITY FL 33526