

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91165 032 ***150.00

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

DOCUMENT # PO10000014026 ✓
1. Entity Name
LA VENEZOLANA, INC.

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80061969

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2. Principal Place of Business <u>500 NW 141 ST</u>	3. Mailing Address <u>500 NW 141 ST</u>
Suite, Apt. #, etc. <u>APT 111</u>	Suite, Apt. #, etc. <u>APT 111</u>
City & State <u>PEMBROKE PINES - FL</u>	City & State <u>PEMBROKE PINES - FL</u>
Zip <u>33028</u>	Country <u>USA</u>

4. FEI Number <u>65-1071657</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>MARIA ANTONIETA DIAZ</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1290 WESTON ROAD</u>
<u>SUITE 210</u>
City <u>WESTON</u>
FL Zip Code <u>33326</u>

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 Maria Antonieta Diaz MARIA A DIAZ 03/26/02
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PD</u> <u>SARMIENTO, ROBERTO DEL C.</u> <u>500 NW 141 ST APT 111</u> <u>PEMBROKE PINES FL 33028</u>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VD</u> <u>SARMIENTO, ESTER M.</u> <u>500 NW 141 ST APT 111</u> <u>PEMBROKE PINES FL 33028</u>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SD</u> <u>SARMIENTO, CLAUDIA</u> <u>500 NW 141 ST APT 111</u> <u>PEMBROKE PINES FL 33028</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ester Sarmiento
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/02 954-659-8835
Date Daytime Phone #

CR2E034B (12/01)