04/30/2002 14:59 561748-2593 BONNEAU FINAN

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91337 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018846

1. Entity Name: lA CubANiTA linda INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5700 Ockeechobee BLV.		16154 62 Rd N.	
Suite, Apt. #, etc.: # 930		Suite, Apt. #, etc.	
City & State: West Palm Beech		City & State: loxAhATchee Fl	
Zip: 33417	Country: Palm Beach	Zip: 33470	Country: West Palm B

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1076072 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporate CREATION NETWORK INC.

Street Address (P.O. Box Number is Not Acceptable): 941 FOURTH ST. # 200

City: MIAMI **FL** Zip Code: 33139

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 ______ 4-29-02

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	FElICE NAPolITANO	NAME	
STREET ADDRESS	16154 62 Rd N.	STREET ADDRESS	
CITY-ST-ZIP	loxAhaTchee, Fl, 33470	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	FRANCES NAPolITANO	NAME	
STREET ADDRESS	16154 62 RD N.	STREET ADDRESS	
CITY-ST-ZIP	loxAhATchee, Fl, 33470	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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: ______ 4-29-02 / 561 6403353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone