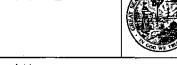
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P01000019002

1. Entity Name PIEL DORADA, INC.



Principal Place of Business 76 E FLAGLER STREET MIAMI FL 33131

Mailing Address 76 E FLAGLER STREET MIAM! FL 33131

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90225 021 ***150.00

9.2 . s

2. Principal P	lace of Business		3. Mailing Address					OO NA HAN LADA
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State		4. F	FEI Number 65-1077467	<u> </u>	oplied For ot Applicable
Zip	С	ountry	Zip [*]	Country	5. (Certificate of Status Desired	\$8.75 Ad	ditional
	6. Name and	Address of Current	Registered Agent		7. N	7. Name and Address of New Registered Agent		
CAIGNET, CARLOS M					Name			
	and the second second	· ·	Street Address (P.O		dress (P.O. B	ox Number is Not Acceptable)		
	GLER STREET	te uk.		<u> </u>				
MIAMI FL	33131	rege						
		المنا		City			FL Zip Cod	e
the obligati	ions of registered			registered office or		ent, or both, in the State of Florida.	I am familiar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financin Trust Fund Contribution.	+	May Be to Fees
10.		OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIGNET, CA 76 E FLAGLE MIAMI FL 331	RLOS M R STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMORA, BE 76 E FLAGLE MIAMI FL 331	r street	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition !
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		64.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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 of supplemental peport 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 Paulired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address, with all other like empowered.

SIGNATURE

Daytime Phone #