

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91333 046 ***150.00

DOCUMENT # P01000024255

1. Entity Name

LA HACIENDA OF PENSACOLA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3742759

Applied For
Not Applicable

Zip

Country

Zip

Country

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 BERNARDO BARRAGAN

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

6257 MOHAWK TRAIL

City MILTON

FL

Zip Code 32583

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

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 NAME STREET ADDRESS CITY - ST - ZIP	P BARRAGAN, BERNARDO 6257 MOHAWK TERRACE MILTON FL 32583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARRAGAN, GERONIMO 3326 COUNTRY MEADOW LN PACE FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARRAGAN, GUILLERMINA 3326 COUNTRY MEADOW LN PACE FL 32571
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IN THIS SPACE**

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: *B. Barragan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-02 (850) 429-0126
Date Daytime Phone #

CR2E034B (12/01)