

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90161 006 ***150.00

DOCUMENT # P01000028640



1. Entity Name
DE LA CONCHA INVESTMENTS CORP.

Principal Place of Business
**1500 BAY RD. APT 434
MIAMI FL 33139**

Mailing Address
**1500 BAY RD. APT 434
MIAMI FL 33139**

2. Principal Place of Business

4801 South University Dr

3. Mailing Address

SAME

Suite, Apt. #, etc.
#219

Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL

City & State

Zip
33328

Country
USA

Zip

Country

4. FEI Number
65-1091146

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBORNOZ, JUANITA
1500 BAY RD, APT 434
MIAMI FL 33139**

Name

Sonia Concha

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

4801 S. University Drive

#219

City

Ft. Lauderdale

FL

Zip Code

33328

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **ALBORNOZ, JUANITA**
STREET ADDRESS **1500 BAY RD, APT 434**
CITY-ST-ZIP **MIAMI FL 33139**

TITLE **President** ☒ Change ☐ Addition
NAME **Sonia Concha**
STREET ADDRESS **4801 S University Dr. #219**
CITY-ST-ZIP **Ft. Lauderdale FL 33328**

TITLE **V** ☐ Delete
NAME **CONCHA, SONIA**
STREET ADDRESS **1500 BAY ROAD, #434**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)