

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90163 023 \*\*\*150.00

00130877



DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P01000031550

**1. Entity Name**  
 LA CURVA LATINA, INC.

**Principal Place of Business**  
 2315 W. LINEBAUGH AVE.  
 TAMPA FL 33612

**Mailing Address**  
 2315 W. LINEBAUGH AVE.  
 TAMPA FL 33612

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number**  
 52-2360415

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 RESTREPO, CARLOS  
 2315 W. LINEBAUGH AVE.  
 TAMPA FL 33612

**7. Name and Address of New Registered Agent**  
 Name: Felix Antonio Dierp  
 Street Address (P.O. Box Number is Not Acceptable): 10819 Roundview Lane  
 City: Tampa FL Zip Code: 33624

**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] DATE: 7/15/02

(NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	P	<input type="checkbox"/> Delete
NAME	RESTREPO, GLORIA	
STREET ADDRESS	2315 W. LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RESTREPO, PAULA	
STREET ADDRESS	2315 W LINEBAUGH AVE.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	RESTREPO, CARLOS	
STREET ADDRESS	2315 W LINEBAUGH AVE.	
CITY-ST-ZIP	TAMPA FL 33612-3	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESTREPO GLORIA	
STREET ADDRESS	2315 W LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESTREPO CARLOS	
STREET ADDRESS	2315 W LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADRIANA MARIN	
STREET ADDRESS	2315 W LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** [Signature] **07-16-02**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #

CR2E034 (4/02)

*Attachment*  
**DBS** DIEZ BUSINESS SERVICES *Doc # P01000031550*

ACCOUNTING

ELECTRONIC TAX FILING

PAYROLL

10819 ROUNDVIEW LANE • TAMPA, FL 33624

(813) 610-9172 • FAX (813) 963-6800

TIN 084-46-8765

July 15<sup>th</sup> 2002

Ref: La Curva Latina Inc.

Doc # P01000031550

UBR May 2002

Florida Department of State

Division of Corporations

P O Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

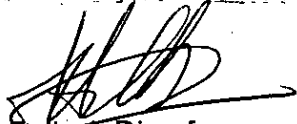
This is to inform you that Mr. Restrepo, President of La Curva Latina Inc. have appointed me, Felix A Diez of Diez Business Services a its Registered Agent to resolve the matter of UBR's late filing.

It is the intention of La Curva Latina Inc. to comply with the Department's filing requirements; however, the prior notice of filing was not received.

In the spirit of cooperation and to help La Curva Latina Inc.'s business prosper and considering that failure to file was not directly its fault, I am requesting your consideration on waiving all late fee and penalties due.

Enclosed is the 2002 Uniform Business Report for La Curva Latina Inc. with the original \$150.00 filing fee that was due on May 2002.

Cordially,



Felix A Diez for  
Diez Business Services

c.c. Carlos Restrepo,  
President La Curva Latina Inc.