

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91757 035 ***150.00

DOCUMENT # **P01000032498**

1. Entity Name

LA ESTANCIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1328 N. John Young Pkwy

3. Mailing Address

1328 N. John Young Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

52-230 27 17

Applied For

Not Applicable

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ATANACIO A. ANDARCIA

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

746 COUNTRY WOODS CIRCK

City

Kissimmee

FL

Zip Code

34744

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]

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

(NOTE: Registered Agent signature required when reissuing)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is **\$150.00**

After May 1, Fee is **\$550.00**

Amended UBR is **\$61.25**

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ATANACIO A. ANDARCIA
746 COUNTRY WOODS
Kissimmee, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Y
Jesus A. Duque
746 COUNTRY WOODS Circle
Kissimmee, FL 34744**

TITLE
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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)(b), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

DATE

407-343-0409

Daytime Phone #

CR2E034B (12/01)