

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90441 043 ***150.00

DOCUMENT # P01000033455

1. Entity Name

LA POTRA ENTERTAINMENT, INC.

DO NOT WRITE IN THIS SPACE

636557

2. Principal Place of Business

Suite 330,

3. Mailing Address

9990 S.W. 77th Avenue

Suite, Apt. #, etc.

9990 S.W. 77th Avenue

Suite, Apt. #, etc.

Suite 330

City & State

Miami, FL 33156

City & State

Miami, Florida

Zip

Country

33156

US

4. FEI Number

65-1093589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John A. Margolis, Esq.

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

9990 S.W. 77th Avenue

Suite 330

City

Miami

FL

33156

**DO NOT WRITE
IN THIS SPACE**

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

4/12/02

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Zambrana, Fabio Suite 330, 9990 SW 77 Avenue Miami, FL 33156	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FABIO ZAMBRANA

4/12/02 305-595-1911

Date

Telephone Number

CR2E034B (12/01)