

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90463 035 ***158.75

DOCUMENT # P01000035971

1. Entity Name
LA DONA AMERICAN PRODUCTS, CORP.



Principal Place of Business
9200 S. DADELAND BLVD.
SUITE 406
MIAMI FL 33156

Mailing Address
9200 S. DADELAND BLVD.
SUITE 406
MIAMI FL 33156

2. Principal Place of Business
671 ELDRON DR
Suite, Apt. #, etc.

3. Mailing Address
671 ELDRON DR
Suite, Apt. #, etc.

City & State
MIAMI SPRINGS, FL
Zip
33166 Country
USA

City & State
MIAMI SPRINGS, FL
Zip
33166 Country
USA

4. FEI Number **68-0506192**

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

KAPLAN, LINDA M
9300 S. DADELAND BLVD.
SUITE 406
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	PENA, PEDRO MANUEL
STREET ADDRESS	738 NW 14 COURT
CITY-ST-ZIP	MIAMI FL 33125
TITLE	D <input type="checkbox"/> Delete
NAME	DE PENIA, CARMEN
STREET ADDRESS	CALLE PRINCIPAL 51-3 LA MESA DE ESNUJAQUE
CITY-ST-ZIP	ESTADO TRUJILLO, VENEZUELA
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

3/12/03 **786-262-7688**
Date Daytime Phone #

CR2E034 (10/02)