

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000041586

1. Entity Name
FIESTA PROMOTIONS ASSOCIATES, INC.

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91633 010 ***150.00

Principal Place of Business

3326 NORTH KEY DR.
D-8
FORT MYERS FL 33903
US

Mailing Address

3326 NORTH KEY DR.
D-8
FORT MYERS FL 33903
US

450441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2592 MACON Circle
Suite, Apt. #, etc.

3. Mailing Address

2592 MACON Circle
Suite, Apt. #, etc.

City & State

No. Ft. Myers, FLA.

City & State

No. Ft. Myers, FLA.

4. FEI Number

80-0035875

Applied For

Not Applicable

Zip

33917

Country

USA

Zip

33917

Country

USA

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

6. Name and Address of Current Registered Agent

LOSA DE LARA, MARIO
19531 HUBER RD
FORT MYERS FL 33917

7. Name and Address of New Registered Agent

Name Paul Sylvester

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

2592 MACON Circle

City No. Ft. Myers

FL

Zip Code 33917

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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** ☐ Delete
NAME **SYLVESTER, PAUL**
STREET ADDRESS **3326 NORTH KEY DR. # D-8**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **S** ☒ Delete
NAME **LOSA DE LARA, MARIO**
STREET ADDRESS **19531 HUBER RD.**
CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **CAROL LOSA DE LARA**
CITY-ST-ZIP **19531 HUBER RD.**
Ft. MYERS, FLA. 33917

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

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

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

TITLE ☐ Change ☐ 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, within or otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)