

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90428 032 ***150.00

DOCUMENT # P01000042745

1. Entity Name

LA PALMA REAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 W, 49TH ST

Suite, Apt. #, etc.

301

City & State

HIALLAH, FL

Zip

33012

Country

USA

3. Mailing Address

1800 W, 49TH ST

Suite, Apt. #, etc.

301

City & State

HIALLAH, FL

Zip

33012

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1099196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LEOPOLDO RIOS

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

1800 W, 49TH ST, #301

City

HIALLAH

FL

Zip Code

33012

**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

by / *Camelia*

04/30/02

**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	PD DE MAQUA, JUAN I. 1800 W, 49TH ST, #301 HIALLAH, FL 33012	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARAZZATO, SILVANO P. 1800 W, 49TH ST, #301 HIALLAH, FL 33012	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARAZZATO, CLARA P. 1800 W, 49TH ST, #301 HIALLAH, FL 33012	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARAZZATO, DENIS 1800 W, 49TH ST, #301 HIALLAH, FL 33012	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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

Date

Daytime Phone #

04/30/02 (305) 5589669

CR2E034B (12/01)