FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90433 029 ***150.00

DOCUMENT # P01000049951

1. Entity Name
LA PLAZUELA CORPORATION ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
710 WASHINGTON AVE	710 WASHINGTON AVE
Suite, Apt. #, etc.: CU 13, 14	Suite, Apt. #, etc.: CU 13, 14
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33139 Country:	Zip: 33139 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1108833 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: YANGUAS, JOSE A

Street Address (P.O. Box Number is Not Acceptable): 710 WASHINGTON AVE, # 516

City: MIAMI FL Zip Code: 33139

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, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when changing) 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

11. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARCONI, CAROLINA
STREET ADDRESS	710 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	DV
NAME	VASQUEZ, RAUL
STREET ADDRESS	710 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	DT
NAME	MONTOYA, LINA
STREET ADDRESS	710 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	DS
NAME	YANGUAS, JOSE A
STREET ADDRESS	710 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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 an attachment with an address, with all other like empowered.

SIGNATURE: Carolina Marconi V. 04-29-02 3056954498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #