

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

DOCUMENT # P 016000 49951

1. Entity Name

La Plazuela, Corporation

DO NOT WRITE IN THIS SPACE

FILED

02 OCT 29 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

710 Washington Avenue

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651108833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ana Maria Villegas

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

710 Washington Avenue

CU 13, 14

City

Miami Beach

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, 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)

☒

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
D/P	Ana Maria Villegas	710 Washington Avenue	CU 13, 14 Miami Beach, FL 33139
D/P	Carolina Marconi	710 Washington Avenue	CU 13, 14 Miami Beach, FL 33139

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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: Ana Maria Villegas 10/17/02 386-6494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #