

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90353 021 ***150.00

DOCUMENT # *P01000061014*

1. Entity Name

La Strega, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2001 10th Ave N

Suite, Apt. #, etc.

#4

City & State

Lake Worth FL

Zip

33461

Country

USA

3. Mailing Address

2001 10th Ave N.

Suite, Apt. #, etc.

#4

City & State

Lake Worth FL

Zip

33461

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1128076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Joseph L. Deluca

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

1100 Rainwood Circle

City

Palm Beach Gardens FL

Zip Code

33410

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: *President*
NAME: *Joseph L. Deluca*
STREET ADDRESS: *1100 Rainwood Circle*
CITY- ST- ZIP: *Palm Beach Gardens FL 33410*

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

TITLE: *Secretary / Treasurer*
NAME: *Sandra M. Jordan*
STREET ADDRESS: *1091 Roble Way*
CITY- ST- ZIP: *Palm Beach Gardens, FL 33410*

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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)