

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90003 015 ***150.00

DOCUMENT # P01000061244

1. Entity Name
A LA MODA, INC.

Principal Place of Business
10024 WEST FLAGLER STREET
MIAMI FL 33174

Mailing Address
10024 WEST FLAGLER STREET
MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1117685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SPIEGEL & UTRERA, P.A.~~ **NELSON E. MARTINEZ**
~~343 ALMERIA AVENUE~~ **10024 W. FLAGLER ST.**
~~CORAL GABLES FL 33134~~ **MIAMI FL 33174**

Name **NELSON E. MARTINEZ**
 Street Address (P.O. Box Number is Not Acceptable)
10024 W. FLAGLER ST.
 City **MIAMI** FL **33174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

PRESIDENT
NELSON E. MARTINEZ 7/10/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PTD**
 STREET ADDRESS **MARTINEZ, NELSON E**
 CITY-ST-ZIP **10024 WEST FLAGLER STREET**
MIAMI FL 33174

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

TITLE ☐ Delete
 NAME **SVD**
 STREET ADDRESS **MARTINEZ, CARMELINA**
 CITY-ST-ZIP **10024 WEST FLAGLER STREET**
MIAMI FL 33174

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 (BOS) 228-1600
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

972486

TO: FLORIDA DEPT. OF STATE

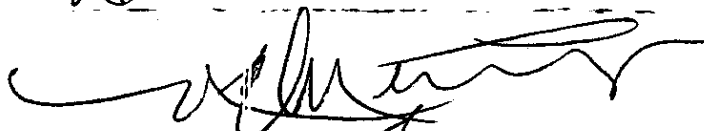
DIVISION OF CORPORATIONS

DOC. # P 010000 61244

AS PER OUR TELEPHONE CONVERSATION,
PLEASE BE ADVISED THAT WE DID NOT
RECEIVED THE FIRST NOTICE YET.
IF YOU NEED TO CONTACT ME, PLEASE
CALL ME AT 305 228-1600.

THANK YOU,

NELSON E. MARTINEZ


2/15/02