


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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90115 029 ***150.00

DOCUMENT # P02000073974
1. Entity Name
LA PERLA 2809, CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17600 COLLINS AVENUE
Suite, Apt. #, etc.
N/A

3. Mailing Address
17600 COLLINS AVENUE
Suite, Apt. #, etc.
N/A

City & State
SUNNY ISLES, FLORIDA

City & State
SUNNY ISLES, FLORIDA

Zip
33160 Country
USA

Zip
33160 Country
USA

4. FEI Number
01-0745325

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
CLAUDIA MORENO

Street Address (P.O. Box Number is Not Acceptable)
17600 COLLINS AVENUE

City
SUNNY ISLES FL Zip Code
33160

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 CLAUDIA MORENO DATE 01/13/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	<u>P/S</u>	TITLE	<u>ZAMANDA PARDO URIBE</u>	<u>17600 COLLINS AVENUE</u>	<u>SUNNY ISLES, FL 33160</u>
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: Zamanda Pardo DATE 03/05/2003 DAYTIME PHONE # (305) 911-7760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)