

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90170 013 \*\*\*150.00

DOCUMENT # 702000073980

1. Entity Name

LA PERLA 2406, CORP



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

17600 COLLINS AVENUE

Suite, Apt. #, etc.

N/A

City & State

SUNNY ISLES, FLORIDA

Zip

33160

Country

USA

3. Mailing Address

17600 COLLINS AVENUE

Suite, Apt. #, etc.

N/A

City & State

SUNNY ISLES, FLORIDA

Zip

33160

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

35-2194698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

CLAUDIA MORENO

01/13/2003

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	P
NAME	LAZARO KANAREK
STREET ADDRESS	17600 COLLINS AVENUE
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	V/S
NAME	BERNARDO KANAREK
STREET ADDRESS	17600 COLLINS AVENUE
CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	
NAME	
STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Kanarek

02/17/2003

Date

3059197600

Daytime Phone #

CR2E034B (12/02)