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

DOCUMENT # P02000073 98/

1. Entity Name

SIGNATURE:

LA PERLA 3201, CORP



FILED Mar 04, 2003 8:00 am Secretary of State 03-04-2003 90070 011 ***150.00

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		NEW YEAR	San Dalle & Red See	A 2003.63	2.15						
2. Principal Place of Business 17600 COLLINS AUENUE			3. Mailing Address 17600 COLLINS AVENUE								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
N/A			NIA				N			1 Applied 6	or]
City & State		FLORIDA	SUNNY ISLES	. FLORIL	on		Number 5 - 4 2のも	3134		Applied F Not Appli	
Zip 33	160	Country USA	33/6 D	Country USA		5. Cert	tificate of Status D	Desired		75 Additional Required	
	NE 2 8 2 3 4		1 33700 2 7 3 3 4 3 2 4 3 2 7			7. Name	and Address of	Current Regist	tered Age	ent	
				Name	CLA	rdD1	A MORE	. 40			-
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A THE STANCE OF											
				City S	יאאט	y 151	ES	1	FL	Zip Code 3316	0
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.											
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SIGNATURE	Signature, typed of	printed name of registered agent a	nd lette if applicable. (NOTE	: Registered Agent signat	ute required	when reinsta	iting)	OI]	13/2	<u> </u>	-
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1/26/01		Fee is \$550.00					Election Camp Trust Fund Co			\$5.00 May Added to Fee	
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12. Thereby certify that the information supplied with this filling 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											
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.											

pool Lavid Mizrah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)9177600

02/24/2003