


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

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90070 011 ***150.00

DOCUMENT # P02000073981
1. Entity Name
LA PERLA 3201, CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>17600 COLLINS AVENUE</u>		3. Mailing Address <u>17600 COLLINS AVENUE</u>	
Suite, Apt. #, etc. <u>N/A</u>		Suite, Apt. #, etc. <u>N/A</u>	
City & State <u>SUNNY ISLES, FLORIDA</u>		City & State <u>SUNNY ISLES, FLORIDA</u>	
Zip <u>33160</u>	Country <u>USA</u>	Zip <u>33160</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>13-9208134</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <u>CLAUDIA MORENO</u>
Street Address (P.O. Box Number is Not Acceptable) <u>17600 COLLINS AVENUE</u>
City <u>SUNNY ISLES</u> FL Zip Code <u>33160</u>

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 fee 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	<u>P/S</u> <u>DAVID MIZRAHI</u> <u>17600 COLLINS AVENUE</u> <u>SUNNY ISLES, FLORIDA 33160.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: David Mizrahi DATE 02/27/2003 DAYTIME PHONE # (305) 9177600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)