

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90061 011 ***150.00

DOCUMENT # P02000074003

1. Entity Name
LA PERLA 1208, CORP.



Principal Place of Business
1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131

Mailing Address
1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131

2. Principal Place of Business

820 S hollybrook Dr

3. Mailing Address

820 S hollybrook Dr

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

P. Pines

City & State

P. Pines

Zip

33025

Country

US

Zip

33025

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0636927

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRISALES-RACINI, OSCAR
1001 BRICKELL BAY DRIVE
SUITE 2600
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name BETINA ELIANA ARAZI

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

820 S hollybrook Dr

105

City

P. Pines

FL

Zip Code

33025

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

Betina ARAZI (pres)

02/26/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 PSD
NAME ARAZI, BETINA ELIANA
STREET ADDRESS DELGADO 1270
CITY-ST-ZIP CAPITAL FEDERAL, ARGENTINA ☐ Delete

TITLE VD
NAME LITMAN DE ARAZI, MARTHA ROSA
STREET ADDRESS GOROSTIAGA 1749
CITY-ST-ZIP CAPITAL FEDERAL, ARGENTINA ☐ Delete

TITLE TD
NAME ARAZI, MARCOS
STREET ADDRESS GOROSTIAGA 1749
CITY-ST-ZIP CAPITAL FEDERAL, ARGENTINA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME ARAZI, BETINA ELIANA
STREET ADDRESS 820 S hollybrook Dr #105
CITY-ST-ZIP P. Pines FL 33025 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 Block 11 if changed, or on an attachment with an address, with all other living empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/26/03 3059455065

CR2E034 (10/02)