

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/03

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90757 016 ***150.00

DOCUMENT # P02000093059

1. Entity Name
REPOSTERIA LA DONA, INC.



Principal Place of Business
**9011 SW 123 COURT STE 203
MIAMI FL 33186**

Mailing Address
**9011 SW 123 COURT STE 203
MIAMI FL 33186**

44002652



2. Principal Place of Business

3. Mailing Address

**7105 SW 8 ST
309**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

4. FEI Number

20-0001285

Applied For

Not Applicable

Zip

Country

Zip

Country

33144

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALERO, MARIELA R
9011 SW 123 COURT STE 203
MIAMI FL 33186**

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

City

FL

Zip Code

B. 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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
VALERO, MARIELA R
9011 SW 123 COURT STE 203
MIAMI FL 33186**

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
**DS
CORDERO, RAFAEL M
9011 SW 123 COURT STE 203
MIAMI FL 33186**

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☐ 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)(f), 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Officer (305) 226-3443
Date Daytime Phone #

CR2E034 (10/02)