

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90043 033 \*\*\*150.00

**DOCUMENT #** P02000097419

**1. Entity Name**  
KAPATARIDA, CORP.



**Principal Place of Business**  
780 NW 42 AVE STE 420  
MIAMI FL 33126

**Mailing Address**  
780 NW 42 AVE STE 420  
MIAMI FL 33126



**2. Principal Place of Business**

**3. Mailing Address**

4000 Ponce de Leon Blvd  
Suite, Apt. #, etc.  
9-3

Suite, Apt. #, etc.

**City & State**

**City & State**

Coral Gables FL

**Zip**

**Country**

**Zip**

**Country**

33146

USA

**4. FEI Number**

03-0488421

**Applied For**

**Not Applicable**

**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**

MAZZA-MARTINEZ, TANIA A  
780 NW 42 AVE STE 420  
MIAMI FL 33126

**Name**

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

**City**

FL

**Zip Code**

**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 applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

1/13/03

**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**

<b>TITLE</b> PD <b>NAME</b> DELMORAL, ANGEL <b>STREET ADDRESS</b> 8655 SW 152 AVE NO. 138 <b>CITY-ST-ZIP</b> MIAMI FL 33193	<input type="checkbox"/> Delete	<b>TITLE</b> PD Angel del Moral <b>NAME</b> 4000 Ponce de Leon Blvd. Suite 470 <b>STREET ADDRESS</b> Coral Gables, FL 33146 <b>CITY-ST-ZIP</b> BOX 93	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> MORALES, WILSON <b>STREET ADDRESS</b> 8655 SW 152 AVE NO. 138 <b>CITY-ST-ZIP</b> MIAMI FL 33193	<input type="checkbox"/> Delete	<b>TITLE</b> VD Wilson Morales <b>NAME</b> 4000 Ponce de Leon Blvd. Suite 470 <b>STREET ADDRESS</b> Coral Gables, FL 33146 <b>CITY-ST-ZIP</b> BOX 93	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.**

**SIGNATURE:** SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

305-441-5352

CR2E034 (10/02)