

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91049 034 ***150.00

DOCUMENT # P02000098953

1. Entity Name
LA PERLA 2909, CORP.



Principal Place of Business
**17600 COLLINS AVE
SUNNY ISLES FL 33160**

Mailing Address
**17600 COLLINS AVE
SUNNY ISLES FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2377285

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRISALES-RACINI, OSCAR
1001 BRICKELL BAY DR STE 2600
MIAMI FL 33131**

Name

Claudia Moreno

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

17600 Collins Avenue

City

Sunny Isles Beach FL

Zip Code

33160

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/13/2003

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

**PD
MELLA, ALBINO
17600 COLLINS AVE
SUNNY ISLES FL 33160**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
MELLA, LEONARDO D
17600 COLLINS AVE
SUNNY ISLES FL 33160**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
MELLA, JAVIER E
17600 COLLINS AVE
SUNNY ISLES FL 33160**

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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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/13/2003 (305) 917-6000

CR2E034 (10/02)