

FILED  
May 19, 2003 8:00 am  
Secretary of State

04-28-2003 90951 048 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT-(UBR)**

DOCUMENT # P02000106665



1. Entity Name  
LA FUSTA CORPORATION

Principal Place of Business  
240 SUNNY ISLES BOULEVARD  
SUNNY ISLES BEACH FL 33160

Mailing Address  
240 SUNNY ISLES BOULEVARD  
SUNNY ISLES BEACH FL 33160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2299601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIGLIA, DOMENICO  
240 SUNNY ISLES BOULEVARD  
SUNNY ISLES BEACH FL 33160

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 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 PD  
NAME FIGLIA, DOMENICO  
STREET ADDRESS 3348 NE 168TH STREET  
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME POSTERARO, FRANCO  
STREET ADDRESS 1731 NO. 50TH AVENUE  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME Alejandro N. Gonzalez  
STREET ADDRESS 18550 No. Bay Road  
CITY-ST-ZIP North Miami Beach FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT  
NAME Isak Wainer  
STREET ADDRESS 10270 SW 19 Street  
CITY-ST-ZIP Miami FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Domenico Figlia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4-21-03

Date

(786) 274-8442

Daytime Phone #

CR2E034 (10/02)