


FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 AUG 21 PM 12:08

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

DOCUMENT # P02000114333		
1. Entity Name LARISABLA, INC.		
Principal Place of Business 530 W. LANCASTER ROAD ORLANDO, FL 32809		Mailing Address 530 W. LANCASTER ROAD ORLANDO, FL 32809
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 05-0538690		Applied For Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
VERA, RICARDO L 117 E. GRANT ST. ORLANDO, FL 32806		
7. Name and Address of New Registered Agent		
Name RICARDO L. VERA		
Street Address (P.O. Box Number is Not Acceptable)		
5124 LAVEL DR		
City ORLANDO FL Zip Code 32839		
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 RICARDO L. VERA DATE 8/14/03		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when electing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUIS, BLANCA R 117 E. GRANT ST. ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY VERA, SANDRA 117 E. GRANT ST. ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D LUIS, BLANCA R 5124 LAVEL DR ORLANDO, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT. VERA, SANDRA 5124 LAVEL DR ORLANDO, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: BLANCA R. LUIS DATE 8/14/03 PHONE 407-857-0875		
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

01/21/03 90048 025 \$150.00
07/16/03 01069 018 \$8.75



☒ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)

August 14, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: LARISABLA, INC. Doc.#: P02000114333

To Whom It May Concern:

Please find enclosed the UBR with the FEIN that was missing from the original submission. We have been having problems receiving our correspondence but the U.S. Postal Service is working on correcting their problem with the delivery.

We have not received any correspondence regarding this missing information. The FEIN needed to be submitted. The payment was cashed January 21st, 2003 (see attached copy of canceled check).


We have already paid the fee of \$8.75 for the Certificate of Status, but I have been advised that it is not in good standing because the FEIN was missing. Please correct this information and resubmit the Certificate of Status (in good standing) to the attention and address:

Ricardo L. Vera
5124 Lavel Drive
Orlando, FL 32839

Your prompt response is greatly appreciated. We currently are unable to open a bank account because the non-receipt of the Certificate.

If any questions arise, please contact me at 407-857-0875.

Sincerely,



Ricardo L. Vera
Registered Agent

Enclosures:

2003 UBR: LARISABLA
Canceled Ck #2741

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

11/2/02 Aztec
EIN **05-0538690**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested LaRisabla, Inc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 530 W. Lancaster Road	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code Orlando, FL 32809	5b City, state, and ZIP code
	6 County and state where principal business is located Orange, Florida	
	7a Name of principal officer, general partner, grantor, owner, or trustor Ricardo L. Vera	7b SSN, ITIN, or EIN 591-53-3503

8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ Sub-Chapter S <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____
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8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida	State Florida	Foreign country
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9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____
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10 Date business started or acquired (month, day, year) 10/22/02	11 Closing month of accounting year December 31
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12 First date wages or annuities were paid or will be paid (month, day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ November 1, 2002

13 Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-."</i> ▶	Agricultural	Household	Other 3
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14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> Retail Bakery Goods
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15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
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16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes," please complete lines 16b and 16c.</i>
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16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____
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16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN
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Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) (407) 857-0875

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶

Signature ▶ **R. Vera** Date ▶ **11/1/02**