

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91878 016 \*\*\*150.00

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

**DOCUMENT # P02000117195**

1. Entity Name  
**LA PLACITA, INC.**



Principal Place of Business  
**5083 OKEECHOBEE BLVD.  
WEST PALM BEACH, FL 33417**

Mailing Address  
**5083 OKEECHOBEE BLVD.  
WEST PALM BEACH, FL 33417**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**11-3665975**

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

**FILINGS, INC.  
3732 N.W. 16TH ST.  
FT. LAUDERDALE, FL 33311**

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

**5083 Okeechobee Blvd**

City **West Palm Beach** **FL** Zip Code **33417**

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

*Beatriz E. Molina*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

**05/01/03**

DATE

FILE NOW WITH 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	TITLE	
NAME	MOLINA, BEATRIZ E	NAME	
STREET ADDRESS	5083 OKEECHOBEE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	OSORIO, MONICA	NAME	
STREET ADDRESS	5083 OKEECHOBEE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	OSORIO, GABRIEL	NAME	
STREET ADDRESS	5083 OKEECHOBEE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	MOLINA, WILLIAM	NAME	
STREET ADDRESS	5083 OKEECHOBEE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Beatriz E. Molina* **BEATRIZ E MOLINA**

**05/01/03**

**(561) 684-1110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034 (10/02)