

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 91060 020 ***150.00

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DOCUMENT # P02000126684

1. Entity Name
LA PERLA 1607 INC.



Principal Place of Business
**1001 BRICKELL BAY DRIVE STE 2600
MIAMI FL 33131**

Mailing Address
**1001 BRICKELL BAY DRIVE STE 2600
MIAMI FL 33131**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
17600 Collins Avenue

3. Mailing Address
17600 Collins Avenue?

City & State
Sunny Isles Beach, FL

City & State
Sunny Isles Beach, FL

Zip
33160

Country
USA

Zip
33160

Country
USA

4. FEI Number 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

GRISALES-RACINI, OSCAR
1001 BRICKELL BAY DRIVE 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  **03/13/2003**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALCON, CYNTHIA 1001 BRICKELL BAY DRIVE STE 2600 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALCON CYNTHIA 17600 Collins Av. Sunny Isles Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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) 917760 0

CR2E034 (10/02)