

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91047 043 ***150.00

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

DOCUMENT # P93000009292

1. Entity Name

LAS COPAS ON THE BEACH, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3425 Collins Ave.

Suite, Apt. #, etc.

Versailles Hotel

City & State

Miami Beach, FL

Zip

33140

Country

None

3. Mailing Address

3425 Collins Ave.

Suite, Apt. #, etc.

Versailles Hotel

City & State

Miami Beach, FL

Zip

33140

Country

None

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0395173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sam About Lam

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

3425 Collins Ave.

Versailles Hotel

City

Miami Beach

FL

Zip Code

33140

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

Sam

(NOTE: Registered Agent signature required when reinstating)

04/04/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P
NAME JULIA A. MENDEZ
STREET ADDRESS 7610 NW 6 CT.
CITY-ST-ZIP Pembroke Pines, FL 33024 ☒ delete

TITLE P
NAME SAM ABOUT LAM
STREET ADDRESS 3425 Collins Ave.
CITY-ST-ZIP Miami Beach, FL 33140 ☒ Add

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/03

DATE

(205) 531-9989

Daytime Phone #

CR2E034B (12/02)