

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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90096 011 ***150.00

DOCUMENT # P93000066408

1. Entity Name

LAURITA RESTAURANT, INC.

DO NOT WRITE IN THIS SPACE

14005640

2. Principal Place of Business
7033 N.W. 36th Avenue

3. Mailing Address
2128 Prairie Avenue

Suite, Apt. #, etc

Suite, Apt. #, etc

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State
Miami Beach Florida

4. FEI Number
65-0001651

Applied For
Not Applicable

Zip 33147

Country U.S.A.

Zip 33139

Country U.S.A.

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
CANDY MARIE ALEMANY

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

2128 Prairie Avenue

City Miami Beach FL Zip Code 33139

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALEMANY, CANDY MARIE 2128 Prairie Avenue Miami Beach FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Candy Alemany

4/19/2004

(305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER