

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90062 024 ***150.00

DOCUMENT # **P94000090126**



1. Entity Name
LA FIESTA PROPERTIES, INC.

Principal Place of Business
**818 A1A BEACH BLVD.
ST. AUGUSTINE BEACH FL 32084
US**

Mailing Address
**818 A1A BEACH BLVD.
ST. AUGUSTINE BEACH FL 32084
US**



2. Principal Place of Business
3670 O.S.#1 SOUTH

3. Mailing Address
3670 O.S.#1 SOUTH

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE, FL

4. FEI Number **59-3281231**

Applied For
Not Applicable

Zip Country
32086 USA

Zip Country
32086 USA

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

LAMENDOLA, BEN
~~818 A1A BEACH BLVD.~~ **905 REDBUD TRAIL**
~~ST. AUGUSTINE BEACH FL 32084~~ **ST. AUGUSTINE, FL**
32086

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-16-03**

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LAMENDOLA, BEN	
STREET ADDRESS	905 REDBUD TRAIL	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LAMENDOLA, DEANNA	
STREET ADDRESS	905 REDBUD TRAIL	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCULLERS, JOHN	
STREET ADDRESS	6 CREEK VIEW WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLSOM, DOUGLASS SR	
STREET ADDRESS	15 CARRIAGE CREEK	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deanna Lamendola*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 904-797-7845
Date Daytime Phone #

CR2E034 (10/02)