

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036570

1. Entity Name

LA GORDA CORPORATION

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90561 015 ***550.00

Principal Place of Business

11180 SNAPPER CREEK ROAD
MIAMI FL 33156

Mailing Address

11180 SNAPPER CREEK ROAD
MIAMI FL 33156

5450 SW 70 PL N
MIAMI FL 33155

5450 SW 70 PL N
MIAMI FL 33155

2. Principal Place of Business

5450 SW 70 PL N

3. Mailing Address

5450 SW 70 PL N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

33155

Zip

Country

33155

6. Name and Address of Current Registered Agent

HATTLER, RICHARD M
11180 SNAPPER CREEK ROAD
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

EDUARDO E GONZALEZ

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

~~11180 SNAPPER CREEK ROAD~~

5450 SW 70 PL N

City

MIAMI

FL

Zip Code

33155

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

31 MAY 01

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☒ Delete
NAME **D GONZALEZ EDUARDO**
STREET ADDRESS **11180 SNAPPER CREEK ROAD**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME **GONZALEZ EDUARDO**
STREET ADDRESS **5450 SW 70 PL N**
CITY-ST-ZIP **MIAMI FL 33155**

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Date

305.270.8400

Daytime Phone #

CR2E034 (10/00)

01-417