FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90950 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041456

90039826

1. Entity Name
LA VILLITA GIFT SHOP, INC.

Principal Place of Business
7700 SW 182 CT
MIAMI, FL 33183

Mailing Address
7700 SW 182 CT
MIAMI, FL 33183

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7700 SW 132 CT	7700 SW 132 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: MIAMI FL
Zip: 33183 / Country:	Zip: 33183 / Country: U.S.

4. FEI Number: 65-0684933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VAZQUEZ, GRACIELA
~~4340 SW 94TH AVE~~
~~MIAMI, FL 33165~~
7700 S.W. 132 CT
MIAMI, FL 33183

7. Name and Address of New Registered Agent
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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILED WITH 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	DP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	VAZQUEZ, GRACIELA	NAME	
STREET ADDRESS	7700 SW 32 CT	STREET ADDRESS	7700 SW 132 CT
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP	MIAMI, FL 33183
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Graciela Vazquez 2/27/03 386-4439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #