

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90331 047 ***150.00

DOCUMENT # P96000041682

1. Entity Name
GARCIA-PORTELA AND DE LA PORTILLA, INC.



Principal Place of Business
650 N.W. 43RD AVE.
MIAMI FL 33126

Mailing Address
650 N.W. 43RD AVE.
MIAMI FL 33126

10013701



2. Principal Place of Business

330 SW 27th Ave

3. Mailing Address

330 SW 27th Ave

Suite, Apt. #, etc.

509

Suite, Apt. #, etc.

509

City & State

MIAMI FL

City & State

MIAMI FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0671769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-PORTELA, MIRIAM
650 N.W. 43RD AVE.
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

GARCIA-PORTELA MIRIAM

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

330 SW 27th Ave

Suite, Apt. #, etc.

Suite 509

City

MIAMI

FL

Zip Code

33135

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

1-17/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
GARCIA-PORTELA, MIRIAM
2555 COLLINS AVE., #2106
MIAMI BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/03

CR2E034 (10/02)