

8300-00

2006 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095682

1. Entity Name

Little Palm Plaza, Inc.

Principal Place of Business

9921 W. Okee Road
126
Hialeah G., Fl. 33016

Mailing Address

9921 W. Okee. Road
126
Hialeah G., Fl. 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mr. Mario Ferro
9921 W. Okee. Road #126-A
Hialeah Gardens, Fl. 33016

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.

SIGNATURE

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

Mario Ferro

(NOTE: Registered Agent Signature required when reinstating)

10/5/00

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Ferro, Mario Jr.
9921 W. Okeechobee Rd. #126
Hialeah G., Fl. 33016

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003427752-3
-10/17/00--01070--009
***750.00 ***750.00

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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

Mario Ferro

10/5/00

Date

(305) 823-8073

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 7:46

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

03-16-99 90049 047

#150.00

4. FEI Number

65-0719867

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CR2E034 (9/99)