

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000055645**

Entity Name

**LA PODEROSA CORPORATION** ✓

Principal Place of Business

Mailing Address

**LA PODEROSA CORPORATION**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0793689**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**MARIA C. FAJARDO**  
**6 NW 19 AVENUE**  
**MIAMI FLA 33125**

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p><input type="checkbox"/> Delete</p> <p><b>PD M</b></p> <p><b>MARIA C. FAJARDO</b></p> <p><b>6 NW 19 AVENUE</b></p> <p><b>MIAMI FLA 33125</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>
<p><input type="checkbox"/> Delete</p> <p><b>SD</b></p> <p><b>MARIA T TITERINO</b></p> <p><b>6 NW 19 AVE</b></p> <p><b>MIAMI FLA 33125</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>
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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

**Maria C. Fajardo**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90195 005 \*\*\*150.00

**851801**

DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)