

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90126 013 ***150.00

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1. Entity Name
LA PERLA CO. INC.



Principal Place of Business
**1406 MERCANTILE COURT
PLANT CITY FL 33565**

Mailing Address
**PO BOX 2576
PLANT CITY FL 33564**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3471948**

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

**SANCHEZ, MARGARITA
1406 MERCANTILE COURT
PLANT CITY FL 33565**

Name **Remigio Sanchez**
Street Address (P.O. Box Number is Not Acceptable)
1406 Mercantile Ct.

City **Plant City** **FL** Zip Code **33563**

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)

01/31/03
DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SANCHEZ, MARGARITA**
STREET ADDRESS **1406 MERCANTILE COURT**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Margarita Sanchez**
STREET ADDRESS **1406 Mercantile Ct.**
CITY-ST-ZIP **Plant City, FL 33563**

TITLE **M** ☐ Delete
NAME **SANCHEZ, REMIGIO III**
STREET ADDRESS **4602 W. JOE SANCHEZ RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **V/M** ☒ Change ☐ Addition
NAME **Remigio Sanchez, III**
STREET ADDRESS **4602 W. Joe Sanchez Rd**
CITY-ST-ZIP **Plant City, FL 33565**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Remigio Sanchez**
STREET ADDRESS **1406 Mercantile Ct.**
CITY-ST-ZIP **Plant City, FL 33563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

01/31/03
Date

813 754 7901
Daytime Phone #

CR2E034 (10/02)