

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089456

1. Entity Name

DE LA FINCA, CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90960 028 ***150.00

Principal Place of Business

8331 NW 68TH ST
MIAMI FL 33166

Mailing Address

8331 NW 68TH ST
MIAMI FL 33178-3533

2. Principal Place of Business

8500 NW 68th

Suite, Apt. #, etc.

3. Mailing Address

5141 NW 114th

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

Country

33166

Zip

Country

33178

4. FEI Number

65-0790311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, ALBERTO J
5141 NW 114 CT
MIAMI FL 33178

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
NAME P
STREET ADDRESS RUIZ, ALBERTO J
CITY-ST-ZIP 5141 NW 114 CT
MIAMI FL 33178

TITLE ☐ Delete
NAME V
STREET ADDRESS CONTRERAS, OMAR
CITY-ST-ZIP 3500 MYSTIC POINTE DR., NO. 608
AVENTURA FL 33180

TITLE ☐ Delete
NAME T
STREET ADDRESS RUIZ, ANGELA A
CITY-ST-ZIP 5141 NW 114 CT
MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Alberto Ruiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

305-5940502

Daytime Phone #

CR2E034 (9/99)