

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91307 013 ***158.75

DOCUMENT # P98000030462

1. Entity Name
LA FINCA, INC.

Principal Place of Business

Mailing Address

**11999 SW 248 STREET
 MIAMI FL 33032**

**11999 SW 248 STREET
 MIAMI FL 33032**

657988



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0844046

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**DORTA-DUQUE, MANUEL
 11999 SW 248 STREET
 MIAMI FL 33032**

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 Manuel Dorta-Duque

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

(NOTE: Registered Agent signature required when reinstating)

5/10/01
 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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DORTA-DUQUE, MANUEL**
 CITY-ST-ZIP **11999 SW 248 STREET
 MIAMI FL 33032**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Manuel Dorta-Duque
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/01 (305) 258-6040
 Date Daytime Phone #

CR2E034 (10/00)

Attachment

657988

LA FINCA, INC.

Wholesale Tree Growers

11999 S.W. 248 STREET

MIAMI, FLORIDA 33032

Doc# P98000030462

TELEPHONE: 305-258-8811

Dept. of State
Div. of Corporation

5/10/01

To whom it may concern:-

Due to an illness in my family I was not able to come to work for the last 2 weeks. Unfortunately the girl that I left at the office did not know about these things.

Attached is a check for the amount of the fees before May 1st. If you feel you can not accept this, please let us know and we will have to send you the difference. Thank you for your cooperation in this matter.

Sincerely,

Lieda Ygnelada (Off. mgr.)
For La Finca, Inc.

P.S. We also have 3 other corporations that we will send this letter.

Thank you!
T