

**2002 UNIFORM BUSINESS REPORT (UBR)**

1052

DOCUMENT # P98000045176

1. Entity Name  
**LAS DELICIAS COLOMBIANA, INC.**

FILED  
02 NOV 21 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**6216 SW 8TH ST  
MIAMI, FL 33144**

Mailing Address  
**6216 SW 8TH ST  
MIAMI, FL 33144**

2. Principal Place of Business  
**6216 SW 8TH ST**

3. Mailing Address  
**6216 SW 8TH ST**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

Zip  
**33144**

Country  
**DADE**

4. FEI Number  
**65-0838733**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ORREGO, DORA  
6216 S.W. 8TH ST  
MIAMI, FL 33144**

7. Name and Address of New Registered Agent  
Name **ORREGO, DORA**  
Street Address (P.O. Box Number is Not Acceptable)  
**6216 SW 8TH ST**  
City **MIAMI** FL Zip Code **33144**

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 **Dora Orrego** **11-15-02**  
Signature, typed or printed name of registered agent and date 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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ORREGO, DORA 6216 SW 8TH ST MIAMI, FL 33144</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD ORREGO, NOLBERTO 6216 SW 8TH ST MIAMI, FL 33144</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/02

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500009150045 11/21/02--01064--009 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Dora Orrego** **11-15-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

2 of 2

Division of Corporations

P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Divisions Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **LAS DELICIAS COLOMBIA, INC.** Thank you for your courtesy in this matter.

  
Dora Orrego  
President