

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 NOV -8 PM 2:53.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000060732**

1. Entity Name

LITTLE FACES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1251 SE 8th

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

4. FEI Number

65-0886415

Applied For

Not Applicable

Zip

33010

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sila Vargas

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

1251 SE 8th

City

Hialeah

FL

Zip Code

33010

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PD**
NAME **Sila Vargas**
STREET ADDRESS **1251 SE 8th**
CITY-ST-ZIP **Hialeah FL 33010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST**
NAME **Leonel Ortega**
STREET ADDRESS **1251 SE 8th**
CITY-ST-ZIP **Hialeah FL 33010**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sila Vargas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #


Florida Department of State
Secretary Of State
Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, Fl 32314-6327

Dear Sir:

As per our telephone conversation we are enclosing you a money order for the amount of \$ 150.00 dollars.

Please be advised as mentioned on the phone, we have renewed our corporation every year on the year but this particular year we did not received the annual report., so, therefore we are pleading you to absolve the penalty charges.

Please if you have any question do not hesitate to contact us.


Sila Vargas
PRESIDENT

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LITTLE FACES, INC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

2.00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

**REGISTRATION/
QUALIFICATION**

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

RECEIVED
02 NOV -8 AM 10:58
DIVISION OF CORPORATION