

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071738

1. Entity Name

LA LINDA INVESTMENTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90261 041 ***150.00

Principal Place of Business

Mailing Address

NW 42 AVE
FL 33126

256 NW 42 AVE
MIAMI FL 33126-5452

954112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

265 N.W. 64 AVE

Suite, Apt. #, etc.

3. Mailing Address

265 N.W. 64 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

65-0857280

Applied For

Not Applicable

Zip

33126

Country

DADE

Zip

33126

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOTO, FERNANDO M
256 NW 42 AVE
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

FERNANDO M. SOTO

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

265 N.W. 64 AVE

City

MIAMI

FL

Zip Code

33126

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

Fernando M. Soto - Registered Agent 4/24/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	TRUJILLO, ROLANDO	
STREET ADDRESS	256 NW 42 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SOTO, FERNANDO M	
STREET ADDRESS	256 NW 42 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SOTO, SONIA	
STREET ADDRESS	256 NW 42 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TRUJILLO, ROXANA	
STREET ADDRESS	256 NW 42 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOTO, FERNANDO M.	
STREET ADDRESS	265 N.W. 64 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOTO, SONIA	
STREET ADDRESS	265 N.W. 64 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trujillo, ROXANA	
STREET ADDRESS	265 N.W. 64 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando M. Soto, President

Date

Daytime Phone #

4/24/00

CR2E034 (9/99)