

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000 93774

1. Entity Name

LA MILLA DORADA, INCORPORATED

Principal Place of Business

1335 LINCOLN ROAD
MIAMI BEACH, FL 33139

Mailing Address

8249 N.W. 36TH STREET
SUITE 214
MIAMI, FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0891387

Applied for

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

M & C ACCOUNTING SERVICES, INC.
8249 N.W. 36TH STREET SUITE 214
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

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

8249 N.W. 36TH ST SUITE 214

City MIAMI

FL

Zip Code 33166

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] MIGUEL CAMONES

9-13-01

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

(NOTE: Registered Agents are liable to holding if when representing)

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 PD TARAMAN HECTOR I ☐ Delete
NAME
STREET ADDRESS 1335 LINCOLN ROAD
CITY-STATE-ZIP MIAMI BEACH, FL 33139

TITLE VPD TARAMAN ERNESTO A. ☐ Delete
NAME
STREET ADDRESS 1335 LINCOLN ROAD
CITY-STATE-ZIP MIAMI BEACH, FL 33139

TITLE TD TARAMAN ENRIQUE H. ☐ Delete
NAME
STREET ADDRESS 1335 LINCOLN ROAD
CITY-STATE-ZIP MIAMI BEACH, FL 33139

TITLE D ASMAN GUSTAVO ☒ Delete
NAME
STREET ADDRESS 20381 N.E. 38TH AVE # 414
CITY-STATE-ZIP AVENTURA, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400004609984
CITY-STATE-ZIP -09/25/01--01029--012
****158.75 ****158.75

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

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

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

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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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] GUSTAVO ASMAN

9-13-01

(305) 718-3667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

License Number

CR2E034 11/00

M & C ACCOUNTING SERVICES, INC.

2012

September 14, 2001

Department Of State
Division Of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

Enclose please find the annual report for LA MILLA DORADA, INCORPORATED, and the fee of \$ 158.75. Unfortunately since we move our office we did not received the original form of annual report for this company, please receive our apology for this situation.

If you have any question regarding this matter please give us a call at (305) 718-3667

Sincerely Yours,



Miguel A. Camones
Register Agent