

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90160 033 ***150.00

DOCUMENT # P99000005168

1. Entity Name
LA-DEMOCRACIA, CORP.

Principal Place of Business

**17901 N.W. 132ND AVENUE
HIALEAH FL 33018**

Mailing Address

**17901 N.W. 132ND AVENUE
HIALEAH FL 33018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0888580

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FERNANDEZ-RUBIO, RAFAEL
17901 N.W. 132ND AVENUE
HIALEAH FL 33018**

7. Name and Address of New Registered Agent

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

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution:

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FERNANDEZ-RUBIO, RAFAEL
STREET ADDRESS 17902 NW 102ND AVE
CITY-ST-ZIP HIALEAH FL 33018

TITLE VD ☐ Delete
NAME FERNANDEZ-RUBIO, MARIA
STREET ADDRESS 17901 NW 102ND AVE
CITY-ST-ZIP HIALEAH FL 33018

TITLE SD ☐ Delete
NAME GONGORA, ISABEL
STREET ADDRESS 412 S.W. 103RD AVE.
CITY-ST-ZIP SWEETWATER FL 33174

TITLE TD ☐ Delete
NAME GONGORA, JOSE H
STREET ADDRESS 412 S.W. 103RD AVE.
CITY-ST-ZIP SWEETWATER FL 33174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)