

# 2001 UNIFORM BUSINESS REPORT (UBR)

1-2

DOCUMENT # P99000018874

1. Entity Name

LAS TRES B. MIAMI INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 23 PM 3:03

Principal Place of Business

2905 N.W. 27 Ave  
MIAMI FLA 33142

Mailing Address

2905 N.W. 27 Ave  
MIAMI, FLA 33142-6540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0900621

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

7. Name and Address of New Registered Agent

BLANCO MARIA A  
589 MINOLA DR.  
MIAMI SPRINGS FL 33166

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME Gonzalez Maria T  
STREET ADDRESS 2510 NW North River Dr.  
CITY-ST-ZIP MIAMI FLA 33125

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 03/07/00 90107 017 150.00  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME Blanco Maria A  
STREET ADDRESS 589 Minola Dr  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Change ☐ Addition  
NAME 600004448656-5  
STREET ADDRESS -06/28/01--01019--017  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 SIGNING OFFICER OR DIRECTOR

4-30-01

305-887-4185

Date

Daytime Phone #

CR2E034 (11/00)

-2-

**LAS TRES B. MIAMI, INC.**  
**2905 N.W. 27 AVE.**  
**MIAMI FLA 331442**  
**PH (305)-638-2122**

MARCH 13, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

REF: LAS TRES B. MIAMI, INC. DOCUMENT # P99000018874

AS PER MY PHONE CONVERSATION THIS MORNING; I MARTHA T. GONZALEZ WAS INSTRUCTED TO WRITE AND EXPLAIN THAT AFTER THE DEPT. OF STATE CASH MY CHECK ON MARCH 15, 2000 FOR THE AMMOUNT OF 150.00 FOR THE UBR (2000)

I NEVER RECEIVED ANY OTHER COMMUNICATION, AND NOW THAT I NEED TO MAKE AN AMEDMENT I DISCOVER THAT THE CORPORATION IS "INACTIVE FOR ADMIN DISSOLUTION FOR ANNUAL REPORT" PLEASE MAKE THE APPROPRIATE CORRECTION (ACTIVATE) AND I AM INCLUDING WITH THIS LETTER A CHECK # 1216 FOR THE SUM OF 150.00 FOR THIS YEAR ALSO (UBR 2001)  
ADJUNT PHOTOCOPY BACK AND FRONT OF THE PAID CHECK.

THANKS FOR YOUR ATTENTION

  
MARTHA T. GONZALEZ  
PRESIDENT

SWORN TO and SUBSCRIBR BEFORE ME, this thirteen day of  
March of 2001

  
NOTARY PUBLIC

My commission expire:

