

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90110 021 ***150.00

DOCUMENT # P99000024881**1. Entity Name**
LA PLAZA DEL VAPOR, CORP.**Principal Place of Business****2496 PALM AVENUE**
HIALEAH FL 33010**Mailing Address****750 N.W. 43RD AVENUE**
APT. 608
HIALEAH FL 33126**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**65-0904181**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****FERNANDEZ, JUAN M**
750 N.W. 43RD AVE
APT. 608
MIAMI FL 33126**7. Name and Address of New Registered Agent**

Name

ALEJANDRO CHANG

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

558 East 21st Street

City

Hialeah**FL**Zip Code
33013**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.

ALEJANDRO CHANG**4/29/2002**

DATE

(NOTE: Registered Agent signature required when reinstating)

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**
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS****TITLE** **PSD** ☒ Delete
NAME **FERNANDEZ, JUAN M**
STREET ADDRESS **750 N.W. 43RD AVE, APT. 608**
CITY-ST-ZIP **MIRAMAR FL 33025****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**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** **DPS** ☒ Change ☐ Addition
NAME **CHANG, ALEJANDRO**
STREET ADDRESS **558 East 21st Street**
CITY-ST-ZIP **Hialeah FL 33013****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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:****SAC H D 93**
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002

Date

362-9139

Daytime Phone #

CR2E034 (9/01)