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**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

02 OCT -1 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9900604282

1. Entity Name  
UNIT 813 FORTUNE HOUSE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13251 SW 17th

Suite, Apt. #, etc.

3. Mailing Address

13251 SW 17th

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33027

Country

Zip

33027

Country

4. FEI Number

65-0919087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Domingo Alonso

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

301 Almeria Ave. Suite #3

City Coral Gables

FL

Zip Code

33134

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>P/D</u>
NAME	<u>LUIS ARREAZA</u>
STREET ADDRESS	<u>13251 SW 17th</u>
CITY - ST - ZIP	<u>MIRAMAR, FL 33027</u>
TITLE	<u>S/D</u>
NAME	<u>DAIY V. ARREAZA</u>
STREET ADDRESS	<u>13251 SW 17th</u>
CITY - ST - ZIP	<u>MIRAMAR, FL 33027</u>
TITLE	<u>VP/D</u>
NAME	<u>IGDALIA GOMEZ DE ARREAZA</u>
STREET ADDRESS	<u>13251 SW 17th</u>
CITY - ST - ZIP	<u>MIRAMAR, FL 33027</u>
TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS ARREAZA

8/28/02

Date

(305) 498-4391

Daytime Phone #