

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

DOCUMENT # P99000044282
1. Entity Name UNIT 813 FORTUNE HOUSE, INC.

FILED
04 JUL 21 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>231 Altara Avenue</u> Suite, Apt. #, etc.		3. Mailing Address <u>231 Altara Avenue</u> Suite, Apt. #, etc.	
City & State <u>Coral Gables, FL</u>		City & State <u>Coral Gables, FL</u>	
Zip <u>33146</u>	Country	Zip <u>33146</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0919087</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Miriam De Toro</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>231 Altara Avenue</u>	
City <u>Coral Gables</u>	FL Zip Code <u>33146</u>

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 P NAME STREET ADDRESS CITY-ST-ZIP	<u>LUIS ARREAZA</u> <u>231 Altara Avenue</u> <u>Coral Gables, FL 33146</u>
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	<u>LUIS ARREAZA</u> <u>231 Altara Avenue</u> <u>Coral Gables, FL 33146</u>
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<u>LUIS ARREAZA</u> <u>231 Altara Avenue</u> <u>Coral Gables, FL 33146</u>
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	<u>IGDALIA GOMEZ DE ARREAZA</u> <u>231 Altara Avenue</u> <u>Coral Gables, FL 33146</u>
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<u>IGDALIA GOMEZ DE ARREAZA</u> <u>231 Altara Avenue</u> <u>Coral Gables, FL 33146</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>400039691994</u> <u>07/29/04-01089-003 **61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-15-04

CR2E034B (12/01)