2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91357 022 ***158.75

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DOCUMENT # P99000052345

1. Entity Name
LA DAMA ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
407 LINCOLN RD. SUITE 701 MIAMI BEACH FL 33139	407 LINCOLN RD. SUITE 701 MIAMI BEACH FL 33139

767679

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5005 Collins Ave.		5005 Collins Ave.	
Suite, Apt. #, etc. #615		Suite, Apt. #, etc. #615	
City & State Miami Beach FL		City & State Miami Beach, FL	
Zip 33140	Country USA	Zip 33140	Country USA

4. FEI Number 65-0925896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCELINO, CAMELIA A 407 LINCOLN RD, SUITE 701 MIAMI BEACH FL 33139	Name Camelia A. Marcelino Street Address (P.O. Box Number is Not Acceptable) 5005 Collins Ave. #615 City Miami Beach FL Zip Code 33140

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 Camelia A. Marcelino Esq. Camelia A. Marcelino 5/8/01
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARCELINO, CAMELIA A 407 LINCOLN RD, SUITE 701 MIAMI BEACH FL 33139	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Marcelino, Camelia A 5005 Collins Ave. #615 Miami Beach, FL 33140	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Camelia A. Marcelino Camelia A Marcelino 5/8/01 305-866-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #