

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90058 038 ***158.75

DOCUMENT # **P99000053854** ✓
1. Entity Name
Fortuna Enterprises, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16233 SW 96 ter.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 162093
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33196 Country
USA

City & State
Miami, FL
Zip
33116 Country
USA

4. FEI Number
65-0926701
Applied For
Not Applicable

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
Leida Arcila
Street Address (P.O. Box Number is Not Acceptable)
16233 SW 96 ter.
City
Miami FL Zip Code
33196

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 reappointing) 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
NAME
STREET ADDRESS
CITY - ST - ZIP
President - SCY / Leida Arcila
16233 SW 96 ter
Miami, FL 33196

TITLE
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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: **Leida Arcila**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-02 **305-588-4367**
Date Daytime Phone #

CR2E034B (12/01)