

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # P99000054157

1. Entity Name
LA NUEVA CASA PRIEGUEZ, INC.



FILED

03 MAR 17 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
745 SW 8 STREET
MIAMI FL 33130

Mailing Address
1365 S.W. 19TH STREET
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

9220 SW 43 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Miami FL

4. FEI Number 65-0928030

Applied For
Not Applicable

Zip Country

Zip Country

33165 USA

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

PRIEGUEZ, MANUEL
1365 S.W. 19TH STREET
MIAMI FL 33145

Name Arahya Millan
Street Address (P.O. Box Number is Not Acceptable)
9220 SW 43 Street
City Miami FL Zip Code 33165

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/11/03

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PRIEGUEZ, MANUEL
STREET ADDRESS 1365 S.W. 19TH STREET
CITY-ST-ZIP MIAMI FL 33145 ☒ Delete

TITLE
NAME
STREET ADDRESS 800014237578
CITY-ST-ZIP 03/17/03--01038--017 **150.00 ☐ Change ☐ Addition

TITLE D
NAME MILLAN, ARAHY
STREET ADDRESS 1355 S.W. 19TH STREET
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

TITLE DPT5
NAME Arahya Millan
STREET ADDRESS 9220 SW 43 Street
CITY-ST-ZIP Miami, Fla 33165 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ARAHY MILLAN D 1/13/03 (305)854-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)