

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90001 029 ***150.00

DOCUMENT # P99000084722

1. Entity Name

LA SIRENA HOLDINGS, INC.

Principal Place of Business

**7217 S.W. 48TH ST.
MIAMI FL 33155**

Mailing Address

**7217 S.W. 48TH ST.
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0952618

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

**ALONSO, AURORA
7217 S.W. 48TH ST.
MIAMI FL 33155**

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

D ☐ Delete
ALONSO, AURORA
7217 S.W. 48TH ST.
MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
BATISTA, WALKYRIA
7217 S.W. 48TH ST.
MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
AVRORA ALONSO PRESIDENT 7-12-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0046628 AV

CR2E034 (5/01)

Attachment A007a022
999000084722

July 17, 01. -

Florida Department of State.
Division of Corporation
P.O. Box 6327.
Tallahassee, Florida 32314

Gentlemen:

Herewith please find enclosed a check for \$150.00 for the year 2001 filing fee.

The form that you sent is a second notice and was received this past week. I was unaware the time for filing had already passed as I did not receive a prior notice.

I have been hospitalized at the beginning of year 2001 and due to my health out of the office many times.

By means of this letter I am requesting that you waive the higher fee.

Cordially yours.

Aurora Alonso
La Sirena Holdings
7217 S.W. 48th Street
Miami, FL 33155. -