

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092657

1. Entity Name

PORTILLA CORP.

Principal Place of Business

Mailing Address

1233 COLLINS AVE., #6
MIAMI BEACH FL 33139

1233 COLLINS AVE., #6
MIAMI BEACH FL 33139-4617

2. Principal Place of Business

1233 COLLINS AVENUE

Suite, Apt. #, etc.

#6

City & State

MIAMI BEACH FL.

Zip

33139

Country

USA

3. Mailing Address

1233 COLLINS AVE

Suite, Apt. #, etc.

#6

City & State

MIAMI BEACH FL.

Zip

33139

Country

USA

6. Name and Address of Current Registered Agent

PORTILLA, MIGUEL
1233 COLLINS AVE., #6
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

03/14/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	PORTILLA, MIGUEL	
STREET ADDRESS	1233 COLLINS AVE., #6	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, 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 #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90015 050 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0960854** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

03/14/00

305-531-8767