

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000092657.

1. Entity Name

PORTILLA INC.

**FILED****Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90005 037 \*\*\*150.00

Principal Place of Business

Mailing Address

747 MICHIGAN AVE  
APT 305  
MIAMI BEACH FL. 33139747 MICHIGAN AVE  
APT 305  
MIAMI BEACH FL. 33139

2. Principal Place of Business

3. Mailing Address

747 MICHIGAN AVE

747 MICHIGAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 305

APT. 305

City &amp; State

City &amp; State

MIAMI BEACH FL.

MIAMI BEACH FL.

Zip

Country

Zip

Country

33139

DADE

33139

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIGUEL PORTILLA

70281 EAST COUNTRY CLUB DRIVE APT-1  
AVENTURA, FL 33180 US

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 \$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 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
PRESIDENT  
MIGUEL PORTILLA  
747 MICHIGAN AVE APT. 305  
MIAMI BEACH FL. 33139TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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:

MIGUEL PORTILLA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR03/20/01  
Date305-538-0775  
Daytime Phone #

CRZE034 (11/00)