

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90042 034 ***150.00

DOCUMENT # P99000098049

1. Entity Name

LA CUBANA INVESTIGATIONS, INC.

Principal Place of Business

PO BOX 140893
 CORAL GABLES FL 33114

Mailing Address

PO BOX 140893
 CORAL GABLES FL 33114

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

65-0514028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHORHOUSE, ILIANA
 1950 NW 13TH ST.
 MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

ILIANA HERRERA-SHORHOUSE

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

312 MINORCA AVE.

City

CORAL GABLES FL FL

Zip Code

33134

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, 2002 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
 CEOS
 SHORHOUSE, ILIANA
 PO BOX 140893
 CORAL GABLES FL 33114 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 HERRERA-SHORTHOUSE ILIANA ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SHORHOUSE, ILIANA
 PO BOX 140893
 CORAL GABLES FL 33114 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 HERRERA-SHORTHOUSE ILIANA ☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)