

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91601 020 ***150.00

DOCUMENT # **S 10725**

1. Entity Name

LAPOLA INVESTMENT CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1691 W. 37 ST.

Suite, Apt. #, etc.

3. Mailing Address

1338 W. 78 ST.

Suite, Apt. #, etc.

City & State

HIALEAH FL.

City & State

HIALEAH FL.

Zip

33014

Country

USA

Zip

33014-3433

Country

USA

4. FEI Number

65-0229322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BERTHA SALGUERO

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

1338 W. 78 ST.

City

HIALEAH

FL

Zip Code

33014

**DO NOT WRITE
IN THIS SPACE**

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

Bertha Salguero

Signature of registered agent or principal officer, if applicable.

(NOTE: Registered Agent signature required when resigning)

5/21/02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
SALGUERO, BERTHA
1338 W. 78 ST.
HIALEAH, FL. 33014-3433**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bertha Salguero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02 (305) 362-2414

DATE

Daytime Phone #

CR2E034B (12/01)