

02103  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAR 18 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S29270

1. Entity Name

LA CORNIZA, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

260 Crandon Blvd.

3. Mailing Address

260 Crandon Blvd.

Suite, Apt. #, etc.

Suite 14

Suite, Apt. #, etc.

Suite 14

City & State

Key Biscayne, Florida

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

Zip

33149

Country

USA

4. FEI Number

65-0321402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Sala, A. Rosemary

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

Suite 14

City Key Biscayne

FL

Zip Code 33149

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 31 Fee is \$150.00  
After May 1 Fee is \$350.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Cavelier, Roberto
STREET ADDRESS	260 Crandon Blvd, Ste 14
CITY-ST-ZIP	Key Biscayne, Florida 33149
TITLE	D
NAME	DeCavelier, Alicia
STREET ADDRESS	260 Crandon Blvd., Ste 14
CITY-ST-ZIP	Key Biscayne, Florida 33149
TITLE	D
NAME	Cavelier, Roberto Carlos
STREET ADDRESS	260 Crandon Blvd., Ste 14
CITY-ST-ZIP	key Biscayne, Florida 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 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 #

CR2E034B (12/02)

**SALA & GOMEZ, P.A.**

*Attorneys at Law  
260 Crandon Blvd.  
Suite 14  
Key Biscayne, Florida 33149*

A. Rosemary Sala  
Cesar Gomez

Phone (305) 361-0105  
Fax (305) 361-0159  
Salagomez@hotmail.com

March 7, 2003

Uniform Business Report  
PO Box 1500  
Tallahassee, Florida 32302-1500

RE: La Corniza Inc.

To Whom It May Concern:

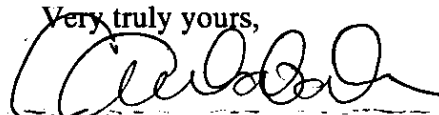
Enclosed herewith are (a) reinstatement form for the year 2002; (b) annual renewal form for year 2003; and (c) our check in the amount of \$308.75.

We did not renew the corporation in 2002 because our office never received the UBR.

Please reinstate the corporation and forward to me a certificate of good standing.

If there is anything further that you should need please call me.

Very truly yours,



Cristina Arechabala

/ca  
enc