

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84862

1. Entity Name

LA MARGARITA PROPERTIES, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90074 034 \*\*\*150.00

LU034867



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
C/O KUPFER, KUPFER & SKOLNICK, P.A. C/O KUPFER, KUPFER & SKOLNICK, P.A.  
1700 UNIVERSITY DR., #110 1700 UNIVERSITY DR., #110  
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-8970

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0342496

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL H. KUPFER  
1700 UNIVERSITY DRIVE  
STE. 110  
CORAL SPRINGS FL 33071

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, 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 ☐ Delete  
NAME DAVIE, DELESTINO IDIAZ  
STREET ADDRESS 5100 ZONA POSTAL 1050  
CITY-ST-ZIP CARCAS, VENEZUELA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVST ☐ Delete  
NAME DIAZ, ANA MARIA D BERY  
STREET ADDRESS 51000 ZONA POSTAL 1050  
CITY-ST-ZIP CARACAS, VENEZUELA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME MONSEFF, CELESTINO D  
STREET ADDRESS 5100 ZONA POSTAL 1050  
CITY-ST-ZIP CARACAS VE

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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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

4/3/00 954 7553600  
Date Daytime Phone #

CR2E034 (9/99)