

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84862

1. Entity Name

LA MARGARITA PROPERTIES, INC.

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90019 014 \*\*\*150.00

Principal Place of Business

C/O KUPFER, KUPFER & SKOLNICK, P.A.  
1700 UNIVERSITY DR., #110  
CORAL SPRINGS FL 33071

Mailing Address

C/O KUPFER, KUPFER & SKOLNICK, P.A.  
1700 UNIVERSITY DR., #110  
CORAL SPRINGS FL 33071

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 65-0342496

Applied For

Not Applicable

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

TITLE **DP** ☒ Change ☐ Addition  
NAME **Celestino Ignacio DIAZ LAURE**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Ana Maria D Bery Diaz*  
Signature and typed or printed name of signing officer or director

4/11/01 (954) 255-3600  
Date Daytime Phone #

CR2E034 (10/00)