## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **V18838** PUPA LAND, CORP. 01-19-2000 90270 013 \*\*\*150.00 Mailing Address Principal Place of Business 7278 NW 66TH ST 7278 NW 66TH ST MIAM! FL 33166-3008 MIAMI FL 33166 DOPLUUVU 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0326242 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ, MARGARITA Street Address (P.O. Box Number is Not Acceptable) 7765 WEST 12TH CT HIALEAH FL 33014 FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition DPS TITLE ☐ Delete TITLE MARGARITA, HERNANDEZ NAME NAME STREET ADDRESS 7765-WEST 12TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIALEAH FL ☐ Change ☐ Addition Delete TITLE TITLE HERNANDEZ, MARGARITA NAME NAME STREET ADDRESS 7278 NW 66TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change Delete TITLE TITLE NAME ~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Maganta Levicardo

1/13/2000 301 593121