

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90076 025 ***550.00

0056964 AV

DOCUMENT # V18838

1. Entity Name
PUPA LAND, CORP.



Principal Place of Business
**7278 NW 66TH ST
MIAMI FL 33166
US**

Mailing Address
**7278 NW 66TH ST
MIAMI FL 33166
US**



2. Principal Place of Business

3. Mailing Address

7278 NW 66ST

1001 SW 189 AVE

Suite, Apt. #, etc.
MIAMI

Suite, Apt. #, etc.
PEMBROKE PINES

City & State
FLORIDA

City & State
FLORIDA

Zip
33166

Country
USA

Zip
33029

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0326242

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

**HERNANDEZ, MARGARITA
7765 WEST 12TH CT
HIALEAH FL 33014**

Name
HERNANDEZ MARGARITA

Street Address (P.O. Box Number is Not Acceptable)
1001 SW 189 AVE

City
PEMBROKE PINES FL Zip Code
33029

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

DATE *8/12/03*
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
MARGARITA, HERNANDEZ
7765 WEST 12TH CT
HIALEAH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
HERNANDEZ MARGARITA
1001 SW 189 AVE Pembro-Pine 33029** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HERNANDEZ, MARGARITA
7278 NW 66TH ST
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HERNANDEZ MARGARITA
1001 SW 189 AVE Pembro-Pine 33029** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Margarita Hernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *8/12/03*
Date Daytime Phone #

CR2E034 (4/03)