

FILED
Aug 05, 2003 8:00 am
Secretary of State


07-14-2003 90349 013 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

71

DOCUMENT # P02000096676

1. Entity Name
LA HISPANOLA ENTERPRISE, INC.



JJUUJ40J

FEE 55.0795167



Principal Place of Business
 12215 S. DIXIE HIGHWAY
 MIAMI FL 33156

Mailing Address
 12215 S. DIXIE HIGHWAY
 MIAMI FL 33156

2. Principal Place of Business
12215 S. DIXIE Hwy

3. Mailing Address

Suite, Apt. #, etc.
Chancery ALA

Suite, Apt. #, etc.

City & State

City & State

Zip
33156

Country
FLA

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number *650795167*

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BARAKAT, RAMONA
 12215 S. DIXIE HIGHWAY
 MIAMI FL 33156

7. Name and Address of New Registered Agent

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

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 \$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	PSD BARAKAT, RAMONA 12215 S. DIXIE HIGHWAY MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BARAKAT, FRANKLIN 12215 S. DIXIE HIGHWAY MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/03)

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: **SIGNATURE REQUIRED** *Ramona Barakat* *7/29/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

55053269

8/2003

#P020000096076

Enclosed please find check for payment.

This was the first notice that is received.

Primer aviso que se recibio
porque es pagado tarde

Gracias
Renon Berrufo