

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91357 022 ***158.75

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DOCUMENT # P99000052345

1. Entity Name
LA DAMA ENTERPRISES, INCORPORATED

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| Principal Place of Business 407 LINCOLN RD. SUITE 701 MIAMI BEACH FL 33139 | Mailing Address 407 LINCOLN RD. SUITE 701 MIAMI BEACH FL 33139 |
|--|--|

767679



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business <i>5005 Collins Ave.</i> | 3. Mailing Address <i>5005 Collins Ave.</i> |
| Suite, Apt. #, etc. <i>#615</i> | Suite, Apt. #, etc. <i>#615</i> |

| | | | |
|--|--|------------------------------------|-------------------------------|
| City & State <i>Miami Beach, FL</i> | City & State <i>Miami Beach, FL</i> | 4. FEI Number 65-0925896 | Applied For Not Applicable |
| Zip <i>33140</i> | Country <i>USA</i> | Zip <i>33140</i> | Country <i>USA</i> |

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent
MARCELINO, CAMELIA A
407 LINCOLN RD, SUITE 701
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name *CAMELIA A. MARCELINO*
 Street Address (P.O. Box Number is Not Acceptable) *5005 Collins Ave. #615*
 City *Miami Beach* FL Zip Code *33140*

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 *Camelia A. Marcelino Esq. Camelia A. Marcelino* DATE *5/8/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MARCELINO, CAMELIA A 407 LINCOLN RD, SUITE 701 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MARCELINO, CAMELIA A 5005 COLLINS AVE. #615 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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 *Camelia A. Marcelino* **CAMELIA A MARCELINO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *5/8/01* Daytime Phone *305-864-4444*

CR2E034 (10/00)