

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735545

1. Entity Name

MUNICIPIO DE SAN JOSE DE LAS LAJAS, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90111 001 ****61.25
 08-17-2000 90111 002 ****8.75

Principal Place of Business

Mailing Address

130
~~142 SW BEACON BLVD~~
~~PO BOX 450504~~
 MIAMI FL 33135-1534

~~142 SW BEACON BLVD~~
 PO BOX 450504
 MIAMI FL 33135-1534



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2364473

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BENITEZ, PEDRO
 225 W. 33 ST.
 HIALEAH FL 33010

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

FILE NOW: **FEE IS \$61.25**

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	CAMERO, SANTIAGO S	110 SE 9 CT	HIALEAH FL 33010	<input type="checkbox"/>
T	PERDOMO, ANDRES R	321 S.W. 97 AVE., APT. 4	MIAMI FL	<input type="checkbox"/>
D	HERNANDEZ, JUAN J	1700 NW 16 ST	MIAMI FL	<input type="checkbox"/>
D	RUIZ, ALICIO	900 S.W. 27 AVE., APT. 308	MIAMI FL	<input type="checkbox"/>
S	GONZALEZ, WALQUIRIA	664 S.E. 4TH PL	HIALEAH FL 33010	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		1809 Mitchell ave #906	miami Fla 33129-1614	<input type="checkbox"/>	<input type="checkbox"/>
		2800 NW 17 ave	miami Fla 33142	<input type="checkbox"/>	<input type="checkbox"/>
		9350 W Flagler St. # 201	miami Fla 33174	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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:

Santiago Camero
 SIGNATURE REQUIRED

SANTIAGO CAMERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00

Date 305-887-8393

CR2E037 (5/00)