

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90649 036 ***150.00

DOCUMENT # P02000041804

1. Entity Name
LALO'S UNISEX INC.



Principal Place of Business
**1472-A GULF TO BAY BLVD.
CLEARWATER FL 33756**

Mailing Address
**1472-A GULF TO BAY BLVD.
CLEARWATER FL 33756**



2. Principal Place of Business

3. Mailing Address
1628 CLEVELAND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
CLEARWATER, FL.

4. FEI Number

EIN 59-3753576

Applied For

Not Applicable

Zip

Country

Zip

Country

33755

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

**REYES, JOSE
4023 N ARMENIA AVENUE
SUITE 280
TAMPA FL 33627**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EFRAIN	
STREET ADDRESS	7501 ULMERTON RD 1628 CLEVELAND ST.	
CITY-ST-ZIP	LARGO FL 33771 CLEARWATER, FL. 33755	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ARGELIA	
STREET ADDRESS	7501 ULMERTON RD 1628 CLEVELAND ST.	
CITY-ST-ZIP	LARGO FL 33771 CLEARWATER, FL. 33755	
TITLE		<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 **888-727-298**
8121

Date Daytime Phone #

CR2E034 (10/02)