

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90843 002 \*\*\*150.00

**DOCUMENT # P95000073038**

1. Entity Name  
**LAS VEGAS BEACH, INC.**

Principal Place of Business  
**6970 COLLINS AVENUE  
 MIAMI BEACH FL 33141**

Mailing Address  
**6970 COLLINS AVENUE  
 MIAMI BEACH FL 33141-3206**

*1319 N. STATE  
 HOLLYWOOD, FL*



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 **65-0607901**

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

**GONZALEZ, IRVING J  
 6015 GARFIELD ST  
 SUITE 112  
 HOLLYWOOD FL 33024**

Name **Irving Gonzalez**  
 Street Address (P.O. Box Number is Not Acceptable) **1319 N. STATE Rd 7**  
 City **Hollywood** FL Zip Code **33021**

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>VILARINO, ANTONIO</b>	
STREET ADDRESS	<b>6970 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>VILARIND, NILDA A</b>	
STREET ADDRESS	<b>6970 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>VILARIND, CARMEN</b>	
STREET ADDRESS	<b>5890 SW 76 AVENUE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33328</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>VILARIND, VILMA</b>	
STREET ADDRESS	<b>5870 SW 76 AVENUE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33328</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/00*  
 Date

*954-981-6777*  
 Daytime Phone #

CR2E034 (9/99)