

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 565887

1. Entity Name

LAMARQUE, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90041 045 ***150.00

Principal Place of Business

Mailing Address

C/O FIRST AMERICAN MANAGEMENT
1110 BRICKELL AVE., SUITE 609
MIAMI FL 33131

C/O FIRST AMERICAN MANAGEMENT
1110 BRICKELL AVE., SUITE 609
MIAMI FL 33131-3137

LU0002700



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 **59-1802449**

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

PORRO, CARLOS R.
1110 BRICKELL AVE., SUITE 609
MIAMI FL 33131

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

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	BOSCH, JORGE J	
STREET ADDRESS	1 PALM BAY PLAZA	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEL MARMOL, GUILLERMO G	
STREET ADDRESS	721 BILTMORE WAY / PH 3	
CITY-ST-ZIP	CORAL GABLES FL 33144	
TITLE	S	<input type="checkbox"/> Delete
NAME	PORRO, CARLOS R	
STREET ADDRESS	1110 BRICKELL AVE. #609	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOSCH, CARLOS E.	
STREET ADDRESS	721 BILTMORE WAY - PH 3	
CITY-ST-ZIP	CORAL GABLES FL 33144	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

(305) 358-8992

Date Daytime Phone #