

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0140928 AV

03-14-2002 90002 008 \*\*\*150.00

**DOCUMENT # 617705**

1. Entity Name  
**IRETE, INC.**

Principal Place of Business

7600 W 20TH AVE  
 SUITE 213  
 HIALEAH FL 33016  
 US

Mailing Address

7600 W 20TH AVE  
 SUITE 213  
 HIALEAH FL 33016  
 US

2. Principal Place of Business

**480 W 84th Street**

Suite, Apt. #, etc.  
**201**

3. Mailing Address

**480 W 84th Street**

Suite, Apt. #, etc.  
**201**

City & State

**HIALEAH FL.**

City & State

**HIALEAH FL.**

4. FEI Number

**59-2023123**

Applied For

Not Applicable

Zip

**33014**

Country

**USA**

Zip

**33014**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAZARE, FRANCOIS**  
**7600 W 20TH AVE**  
**SUITE 213**  
**HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**480 W 84th Street #201**

City  
**HIALEAH**

State  
**FL**

Zip Code  
**33014**

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, 2002 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          | <b>PDS</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>LAZARE, FRANCOIS</b>           |                                 |
| STREET ADDRESS | <b>7600 W 20TH AVE, SUITE 213</b> |                                 |
| CITY-ST-ZIP    | <b>HIALEAH FL</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"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |   |
|----------------|-------------------------------|---|
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |   |
| STREET ADDRESS | <b>480 W 84th Street #201</b> |   |
| CITY-ST-ZIP    | <b>HIALEAH FL. 33014</b>      |   |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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: **SKR Lazare**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/02 (305) 558-6280**  
 Date Daytime Phone #

CR2E034 (9/01)