

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684372

1. Entity Name

LAMEXCO, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90379 005 ***150.00

Principal Place of Business **156 ALMERIA AVENUE**
~~770 PONCE DE LEON BLVD~~
~~SUITE 305~~
CORAL GABLES FL 33134 STE.#205
US

Mailing Address **156 ALMERIA AVENUE**
~~770 PONCE DE LEON BLVD~~
~~SUITE 305~~
CORAL GABLES FL 33134 STE.#205
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
156 ALMERIA AVENUE

3. Mailing Address
156 ALMERIA AVENUE

Suite, Apt. #, etc.
SUITE #205

Suite, Apt. #, etc.
SUITE #205

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES, FL.

4. FEI Number **59-2065975**

Applied For
Not Applicable

Zip **33134** Country **USA**

Zip **33134** Country **USA**

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

FALERO, RAMON J.
~~770 PONCE DE LEON BLVD~~ **156 ALMERIA AVENUE**
~~SUITE 305~~ **SUITE #205**
CORAL GABLES FL 33134

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, 2001 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 **PTD** ☐ Delete
NAME **FALERO, RAMON J**
STREET ADDRESS **3813 ROYAL PALM AVENUE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☒ Change ☐ Addition
NAME **156 ALMERIA AVENUE**
STREET ADDRESS **SUITE #205**
CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE **VSD** ☐ Delete
NAME **RODRIGUEZ, WILLIAM RODRIGUEZ**
STREET ADDRESS **6630 S.W. 72ND AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 or other like empowered.

SIGNATURE: **X** **Ramon Falero**

4/20/01

305-529-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)