

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDOR

DOCUMENT #

1. Entity Name 853603

LYNBROOK NV, INC.,

Principal Place of Business

Mailing Address

6601 SW 132nd Ave
Miami, FL 331836601 SW 132nd Ave.
Miami, FL 33183

2. Principal Place of Business

6601 SW 132nd Ave.

3. Mailing Address

6601 SW 132nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

Country

33183

USA

Zip

Country

33183

US

4. FEI Number

59-2100809

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jose Luis Salsamendi Sr.
6601 SW 132nd Ave.
Miami FL 33183

7. Name and Address of New Registered Agent

Name

Jose Luis Salsamendi Sr.

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

6465 SW 130 Place, Apt. 507

City

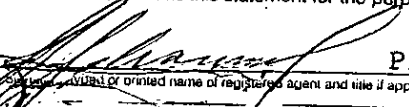
Miami

FL

Zip Code

33183

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  President

(NOTE: Registered Agent signature required when reinstating)

DATE

September 19, 2000

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 State10. Election Campaign Financing
Trust Fund Contribution, ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PDS ☐ Delete
NAME	Jose Luis Salsamendi Sr.
STREET ADDRESS	de Ruyterkade 62
CITY-ST-ZIP	Curacao, Neth Antil
TITLE	D ☒ Delete
NAME	Curacao Corporation Co NV
STREET ADDRESS	de Ruyterkade 62
CITY-ST-ZIP	Neth Antil
TITLE	VPT ☒ Delete
NAME	Caso Llano Alfonso
STREET ADDRESS	de Ruyterkade 62
CITY-ST-ZIP	Neth Antil
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS ☒ Change ☐ Addition
NAME	Jose Luis Salsamendi Sr.
STREET ADDRESS	6465 SW 130 Place Apt. 507
CITY-ST-ZIP	Miami FL 33183
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPST ☐ Change ☒ Addition
NAME	Jose Luis Salsamendi Jr.
STREET ADDRESS	6465 SW 130 Pl Apt. 507
CITY-ST-ZIP	Miami, FL 33183
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

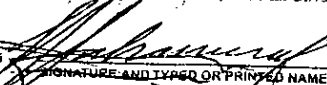
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Bq/25

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: 

Jose Luis Salsamendi Sr.

September 19, 2000

305

7523232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #