

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90418 011 ***150.00

DOCUMENT # F00000002790

1. Entity Name
LANBOX, INC.



Principal Place of Business
P.O. BOX 520846
MIAMI FL 33152

Mailing Address
P.O. BOX 520846
MIAMI FL 33152



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1004092**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPAMERICA, INC.
416 S.E. 15 STREET
FORT LAUDERDALE FL 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GANNA, RODRIGO	
STREET ADDRESS	6740 N.W. 22 STREET	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GANNA, RODRIGO	
STREET ADDRESS	6740 NW 22 STREET	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, A.J.	
STREET ADDRESS	7296 NW 44TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GANNA, RODRIGO	
STREET ADDRESS	6740 NW 22ND STREET	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALDIVIESO, ARMANDO	
STREET ADDRESS	6740 NW 22ND STREET	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIREZ, ERNESTO	
STREET ADDRESS	6740 NW 22ND STREET	
CITY-ST-ZIP	MIAMI FL 33152	

TITLE	PVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIMUNDO MARTINEZ	
STREET ADDRESS	1900 NW 97th Ave	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCK, JAVIER	
STREET ADDRESS	1900 NW 97th Ave.	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ALBERT	
STREET ADDRESS	1900 NW 97th Ave	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULMAN, GUILLERMO	
STREET ADDRESS	1900 NW 97th Ave	
CITY-ST-ZIP	MIAMI, FL 33172	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4/8/03

786 265 4800

Date

Daytime Phone #

CR2E034 (10/02)