

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90102 033 ***150.00

DOCUMENT # F26189

1. Entity Name
LASSEVILLE & ASSOCIATES, INC.

Principal Place of Business
**1006 S GREENWAY DRIVE
CORAL GABLES FL 33134**

Mailing Address
**1006 S GREENWAY DRIVE
CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1723 Tigertail Ave
Suite, Apt. #, etc.
Miami, Fl.
City & State
Miami, Fl.
Zip
33133
Country
U.S.A.

3. Mailing Address
1723 Tigertail Ave.
Suite, Apt. #, etc.
Miami, Fl.
City & State
Miami, Fl.
Zip
33133
Country
U.S.A.

4. FEI Number **59-2097746** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**ORTEGA, ROBERTO
2307 DOUGLAS RD
SUITE #302
MIAMI FL 33145**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	SD	LASSEVILLE, JOHN	1006 S GREENWAY DRIVE CORAL GABLES FL 33134	<input checked="" type="checkbox"/>
	PTD	LASSEVILLE, ARACELY	1006 S GREENWAY DRIVE CORAL GABLES FL 33134	<input type="checkbox"/>
	VD	LASSEVILLE, LESLIE	1006 S GREENWAY DRIVE CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
		1723 Tigertail Ave.	Miami, Fl. 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1723 Tigertail Ave	Miami, Fl. 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Aracely Lasseville **Aracely Lasseville** 4/25/02 (305) 856-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)