

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G00622

1. Entity Name
OCCIDENTAL GROUP, INC.

FILED

00 MAR -8 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3921 Watson Place, NW
Washington, DC 20016

Mailing Address
3921 Watson Place, NW
Washington, DC 20016

2. Principal Place of Business

3. Mailing Address

3921 Watson Place, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Washington, DC 20016

4. FEI Number

59-2474787

Applied For

Not Applicable

Zip

Country

Zip

Country

20016

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

7. Name and Address of New Registered Agent

Lauredo, Luis J.
375 Harbor Court
Key Biscayne, FL 33149

Name

MIRTHA SIERRA

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

115 Sunrise Drive

City

Key Biscayne

FL

Zip Code

33149

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

Mirtha C. Sierra

MIRTHA SIERRA

1/30/00

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, 2000 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 President ☒ Delete
NAME Luis J. Lauredo
STREET ADDRESS 375 Harbor Court
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE President ☒ Change ☐ Addition
NAME Maria Regina Lauredo
STREET ADDRESS 3921 Watson Place, NW
CITY-ST-ZIP Washington, DC 20016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(202) 333-6146

CR2E034 (9/99)