

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90338 035 ***150.00

0175365

DOCUMENT # G19830

1. Entity Name

LAGO NECKWARE, INC.

Principal Place of Business

C/O JUAN MERAYO
2651-C NW 20 STREET
MIAMI FL 33142

Mailing Address

C/O JUAN MERAYO
2651-C NW 20 STREET
MIAMI FL 33142

2. Principal Place of Business

2655 NW 20TH ST

3. Mailing Address

2655 NW 10TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33142

Country

Zip

33142

Country

4. FEI Number

59-2366933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERAYO, JUAN A.
450 SOUTHSORE DRIVE
#523
MIAMI BEACH FL 33141

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

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

TITLE **PD** ☐ Delete
NAME **MERAYO, JUAN**
STREET ADDRESS **450 SOUTH SHORE DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **STD** ☐ Delete
NAME **LAGO, MARTHA**
STREET ADDRESS **450 SOUTH SHORE DRIVE**
CITY-ST-ZIP **MIAMI BCH. FL 33141**

TITLE **VD** ☐ Delete
NAME **MERAYO, LUPE**
STREET ADDRESS **450 SOUTH SHORE DRIVE**
CITY-ST-ZIP **MIAMI BCH. FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: *Juan A Merayo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN A MERAYO

3,1,01

Date

Daytime Phone #

CR2E034 (10/00)