

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J95463

1. Entity Name

LAGUNITA HOLDINGS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90070 045 ***150.00

Principal Place of Business

Mailing Address

915 MIDDLE RIVER DR
 506
 FT LAUDERDALE FL 33304
 US

915 MIDDLE RIVER DR
 506
 FT LAUDERDALE FL 33304-3561
 US

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 **59-2853469**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAITIS, GEORGE R.
 915 MIDDLE RIVER DRIVE, SUITE 506
 FT. LAUDERDALE FL 33304

Name **ARMANDO G. MENDIVE**
 Street Address (P.O. Box Number is Not Acceptable)
250 CATALONIA AVE, STE 705
 City **CORAL GABLES** FL Zip Code **33134**

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

3/11/00

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 ☐ Delete
 NAME **PDTS**
 STREET ADDRESS **RINCON, HOLLY S.**
 CITY-ST-ZIP **1910 NW 97 TERR MIAMI FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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

03/06/00

Date

305-592-300

Daytime Phone #

CR2E034 (9/99)