

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K32109

1. Entity Name

LASTRA CUTTING SERVICE INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90039 030 ***158.75

Principal Place of Business

Mailing Address

1040 E. 3RD ST.
HIALEAH FL 33010-5155

1040 E. 3RD ST.
HIALEAH FL 33010-5155

2. Principal Place of Business

3. Mailing Address

1040 E. 3rd ST.

1040 E. 3rd ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HIALEAH, FLA 33010.

HIALEAH, FLORIDA.

City & State

City & State

33010 USA.

33010 USA

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0119611

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

LASTRA, OSVALDO
1040 E. 3RD STREET
HIALEAH FL 33010-5155

Name

OSVALDO LASTRA

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

1040 E. 3rd ST.

HIALEAH FLORIDA

City

FL

Zip Code

33010.

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)

02-07-00

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 P ☐ Delete
NAME LASTRA, OSVALDO
STREET ADDRESS 9098 NW 112 ST
CITY-ST-ZIP HIALEAH GARDENS FL

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

TITLE (CHANGE NEW ADDRESS) ☐ Delete
NAME LASTRA OSVALDO
STREET ADDRESS 1040 E. 3rd STREET
CITY-ST-ZIP HIALEAH FLA 33010.

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

02/07/00

Date

305-8820544

Daytime Phone #