

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77842

1. Entity Name

LA-SUITE INTERNATIONAL, INC.

Principal Place of Business

5858 INTERNATIONAL DR.
ORLANDO FL 32819
US

Mailing Address

P.O. BOX 2350
WINDERMERE FL 34786-2350
US

2. Principal Place of Business

830 N. ATLANTIC AVE.

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

SUITE B1702

Suite, Apt. #, etc.

City & State

COCOA BEACH.

City & State

Zip

Country

32931

BARBADOS

Zip

Country

4. FEI Number

59-2943326

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

NANA, J. D.
5447 BROOKLINE DR.
ORLANDO FL 32819

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 J.D. NANA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	DP NANA, J.D. 5447 BROOKLINE DR ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT J.D. NANA 830 N. ATLANTIC AVE. SUITE B1702 COCOA BEACH FL. 32931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Daytime Phone #

4/25/2000 407 987-4100

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90025 044 ***158.75



DO NOT WRITE IN THIS SPACE