

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

\$61.25
FILED

00 NOV -9 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Entity Name

#K79333

LANES AND MANGAS, MD P.A.

Principal Place of Business

Mailing Address

11760 SW 40 STREET
SUITE 420
MIAMI, FL. 33175

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

65-0112251

Applied For

Not Applicable

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

LANES, SAUL
11760 SW 40 STREET
SUITE 420
MIAMI, FL. 33175

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/D
LANES, SAUL
11760 SW 40 STREET - SUITE 420
MIAMI, FL. 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP/D
MANGAS, MARIO
11760 SW 40 STREET - SUITE 420
MIAMI, FL. 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/VP OF OPERATIONS
GARRIGO, JOSE
11760 SW 40 STREET - SUITE 420
MIAMI, FL. 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S/D
CENDAN, IGNACIO
11760 SW 40 STREET - SUITE 420
MIAMI, FL. 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T/D
VALOR, RAUL
11760 SW 40 STREET - SUITE 420
MIAMI, FL. 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
800003492688-3
-12/11/00--01009--005
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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

10/31/00

Date

(205) 2270604

Daytime Phone #

CR2E034 (9/99)