

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90029 047 ***150.00

DOCUMENT # L90158

1. Entity Name

L.S. GROUP CORPORATION

Principal Place of Business

Mailing Address

~~2121 PONCE DE LEON BLVD~~
~~STE 1000~~
~~CORAL GABLES FL 33134~~
~~US~~

~~POST OFFICE BOX 140524~~
~~CORAL GABLES FL 33114-0524~~
~~US~~

000054

2. Principal Place of Business

3545 NW 115 AVE

Suite, Apt. #, etc.

3. Mailing Address

3545 NW 115 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33178

Country

City & State

MIAMI, FL.

Zip

33178

Country

4. FEI Number

65-0209302

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

SANCHEZ ORLANDO J
2121 PONCE DE LEON LVD., STE 1000
STE. 205
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ORLANDO J. SANCHEZ

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

3545 NW 115 AVE

City

MIAMI

FL

Zip Code

33178

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

☐ Delete

TITLE **P**
NAME **SANCHEZ, ORLANDO J**
STREET ADDRESS **2121 PONCE DE LEON BLVD, STE 1000**
CITY-ST-ZIP **CORAL GABLES FL 33134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE **NEW ADDRESS**
NAME
STREET ADDRESS **3545 NW 115 AVE**
CITY-ST-ZIP **MIAMI, FL 33178**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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:

ORLANDO J. SANCHEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 305-436-8222
Date Daytime Phone #