## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # M02865** 1. Entity Name LAKERS HOLDING GROUP, INC. 04-30-2001 90083 047 \*\*\*150.00 Principal Place of Business Mailing Address 8190 NW 66TH ST 8190 NW 66TH ST MIAMI FL 33166 MIAMI FL 33166 US us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2434414 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARRERAS, RAUL J Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD **STE 720** CORAL GABLES FL 33134 City 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 (NOTE, Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) ☐ Delete TITLE Change Addition NAME BUSTAMANTE, ALBERTO I NAME STREET ADDRESS 8190 NW 66TH ST STREET ADDRESS CITY-ST-2iP CITY-ST-ZIP **MIAMI FL 33166** TAS Addition TITLE ☐ Delete TIFLE ☐ Change BUSTAMENTE DE LOPEZ, MARIA NAME NAME STREET ADDRESS 8190 NW 66TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** S TITLE ☐ Delete TITLE ☐ Change Addition NAME BUSTAMANTE, ANA L STREET ADDRESS 8190 NW 66TH ST STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP MIAMI FL 33166 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition BUSTAMANTE, ALBERTO C NAME STREET ADDRESS 8190 NW 66TH ST STREET ADDRESS CITY-S1-2:P MIAMI FL 33166 CITY-ST-ZIP TIELE ☐ Delete TITLE ☐ Change Addition NAME BUSTAMANTE, GLADYS M NAMÉ STREET ADDRESS 8190 NW 66TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Dalete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under eath; that I am an officer or director ort as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the informa plied with this filing does indicated on this report or suppler report is true and accu of the corporation or the Ustee empowered to exe report as changed, or on an at ALBERTO BUSTAMANTE I.

**x**ident

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2001

Feb.

(305) 448-8811