

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90326 039 ***150.00

DOCUMENT # **M05518**

1. Entity Name

LISA GARDEN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15106-NW-89 CT.

3. Mailing Address

15106-NW 89 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

FEL Number

65-0104598

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GERARDO Lastra

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

15106 NW 89 CT

City

MIAMI

FL

Zip Code

33125

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PD GERARDO LASTRA 15106 NW 89 CT. MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerardo Lastra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11/02 305-631103

Date

Daytime Phone #

CR2E034B (12/01)