

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90354 041 \*\*\*\*61.25

**DOCUMENT # N01000002817**

1. Entity Name

**LA MANO AMIGA INTERNACIONAL, INC.**

Principal Place of Business

Mailing Address

**705 E BELLA VISTA STREET  
 LAKELAND FL 33805**

**705 E BELLA VISTA STREET  
 LAKELAND FL 33805**

**91124**

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

**59-3712274**

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

**AMADOR, LEONIDES P  
 705 E BELLA VISTA STREET  
 LAKELAND FL 33805**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **P/D PENTON, LEONIDES**  Delete  
 STREET ADDRESS **705 E BELLA VISTA STREET**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **P PENTON, LEONIDES**  Delete  
 STREET ADDRESS **705 E BELLA VISTA STREET**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE NAME **VP/D DIAZ DE PENTON ZENAIDA C.**  Change  Addition  
 STREET ADDRESS **705 E. BELLA VISTA STREET**  
 CITY-ST-ZIP **Lakeland, FL. 33805**

TITLE NAME **T/T COLON, JOSE**  Delete  
 STREET ADDRESS **34910 ANSLEY AVE STREET**  
 CITY-ST-ZIP **DADE CITY FL 33523**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **T DIAZ DE PENTON, ZENAIDA C**  Delete  
 STREET ADDRESS **34910 ANSLEY AVE STREET**  
 CITY-ST-ZIP **DADE CITY FL 33523**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **S/T Sarmiento de Alvarado, Mariel**  Change  Addition  
 STREET ADDRESS **8911 Saboda Ct**  
 CITY-ST-ZIP **Tampa, FL. 33634**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **D/T Moates Blanca**  Change  Addition  
 STREET ADDRESS **5108 Mission Hill Apt 330**  
 CITY-ST-ZIP **Tampa FL. 33617**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED Leonides Penton**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-5-2002 (863) 682-1748**

CR2E037 (9/01)