

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36564

1. Entity Name

LA SAGRADA FAMILIA, INC.

Principal Place of Business

107-28 LIVERPOOL ST
JAMAICA NY 11435

Mailing Address

107-28 LIVERPOOL ST
JAMAICA NY 11435

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

59-2995575

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

LAWRENCE, JOHN M.
9205 BANNERLAKE CIR
#9205
ORLANDO FL 32821

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
After September 13, 2000 min. will be \$236.25

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 PD
NAME CERVANTES, ERNESTO
STREET ADDRESS 107-28 LIVERPOOL ST.
CITY-ST-ZIP JAMAICA NY 11435 ☐ Delete

TITLE VD
NAME CERVANTE, LUZ C
STREET ADDRESS 107-28 LIVERPOOL ST.
CITY-ST-ZIP JAMAICA NY 11435 ☐ Delete

TITLE ID
NAME PERALTA, MARGARITA
STREET ADDRESS 116 BELLANCA LN.
CITY-ST-ZIP NEW CASTLE DE 19720 ☐ Delete

TITLE S
NAME PERALTA, VINICIO Y
STREET ADDRESS 116 BELLANCA LN.
CITY-ST-ZIP NEW CASTLE DE 19720 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00

Date

78-297-1098

Daytime Phone #

FILED
00 SEP 29 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)