

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005174

1. Entity Name

LAD FOUNDATION, INC.

Principal Place of Business

Mailing Address

8601 S.W. 129TH TERRACE
MIAMI FL 33156

8601 S.W. 129TH TERRACE
MIAMI FL 33156-6522

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

05-0951993

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

DWECK, LUZ STELLA

8601 S.W. 129TH TERRACE
MIAMI FL 33156

Name: OCARIZ, Humberto H.

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

8601 SW 129 Terr.

City Miami

FL

Zip Code 33156

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	DWECK, LUZ STELLA	
STREET ADDRESS	8601 S.W. 129TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	DIAZ, LUIS ANGEL	
STREET ADDRESS	8601 S.W. 129TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OCARIZ, HUMBERTO H	
STREET ADDRESS	8601 S.W. 129TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V.P. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PILOTO, Roman	
STREET ADDRESS	8601 SW 129 Terr.	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	President Sec. Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diaz, Luis Angel	
STREET ADDRESS	8601 SW 129 Terr.	
CITY-ST-ZIP	Miami, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-13-2000 90025 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)