

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jul 05, 2000 8:00 am
Secretary of State

05-18-2000 90374 048 ****61.25

DOCUMENT # N99000006211

1. Entity Name

LA MENORAH INC.

Principal Place of Business

610 DURANGO WAY
ALTAMONTE SPRINGS FL 32714

Mailing Address

610 DURANGO WAY
ALTAMONTE SPRINGS FL 32714-1421

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

31-3612588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSSIQUE, LUIS A
610 DURANGO WAY
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

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 re-registering)

4/30/2000
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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSSIQUE, LUIS A	
STREET ADDRESS	610 DURANGO WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOTO, JOSE R	
STREET ADDRESS	620 MONICA ROSE DR #1513	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOLORZANO, MIRIAM I	
STREET ADDRESS	555 N. LAKE BLVD. #11	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSSIQUE, MAGDALENA	
STREET ADDRESS	610 DURANGO WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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)(l), 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

4/30/2000

(407) 299-5668

Date

Daytime Phone #

CR2E037 (9/99)