

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90307 015 \*\*\*150.00

0284702 AV

DOCUMENT # P00000006807

1. Entity Name  
L. BAEZ'S TACKLE, INC.



Principal Place of Business  
6905 NW 51ST ST  
MIAMI FL 33166

Mailing Address  
6905 NW 51ST ST  
MIAMI FL 33166



2. Principal Place of Business  
1675 East 11 Ave

3. Mailing Address  
1675 East 11 Ave

Suite, Apt. #, etc.  
Hialeah

Suite, Apt. #, etc.  
Hialeah

City & State  
FL

City & State  
FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0973453

Applied For  
Not Applicable

Zip  
33010

Country  
Dade

Zip  
33010

Country  
Dade

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

BAEZ, LAUDELINO  
399 NW 72ND AVENUE  
MIAMI FL 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME BAEZ, LAUDELINO  
STREET ADDRESS 399 NW 72ND AVENUE  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE VD ☒ Delete  
NAME HERNANDEZ, HERIBERTO  
STREET ADDRESS 399 NW 72ND AVENUE  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE PD ☐ Delete  
NAME Hernandez Heriberto  
STREET ADDRESS 399 NW 72 Ave # 205  
CITY-ST-ZIP Miami FL 33126

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

TITLE VD ☐ Delete  
NAME BAEZ LAUDELINO  
STREET ADDRESS 399 NW 72 Ave # 205  
CITY-ST-ZIP Miami FL 33126

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

TITLE ☐ Delete  
NAME Hernandez Heriberto  
STREET ADDRESS 399 NW 72 Ave # 205  
CITY-ST-ZIP Office Manager

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)