FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90038 044 ***150.00

90130906

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033429

1. Entity Name
L + Y INTERNATIONAL CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2759 NW 82 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
← change
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: MIAMI, FLORIDA
Zip: Country: M-DADE

City & State
Zip: Country:

4. FEI Number: 65-0999142 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ARIEL ZAYAS
Street Address (P.O. Box Number is Not Acceptable): 626 75 Street #3
City: MIAMI BEACH FL Zip Code: 33141

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: [signature] 4/25/03
Signature, typed or printed name of registered agent and date as applicable. (For registered agent signature power of attorney acceptable)
DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $500.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	YOHANYS RAMOS DRST 15202 S.W. 36 Terrace Miami, Florida 33185 ←
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAZARO J. del PINO D 15202 SW 36 Terrace Miami, Florida 33185 ←
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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 partner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/03 591.2259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C02000048 (11/02)