

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90085 029 ***150.00

DOCUMENT # P00000045686

1. Entity Name
LOS AMIGOS, INC.

Principal Place of Business Mailing Address
1632 MISSOURI AVENUE NORTH **1632 MISSOURI AVENUE NORTH**
LARGO FL 33770 **LARGO FL 33770**

C0060022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1632 MISSOURI AVENUE
 Suite, Apt. #, etc.
Largo FL 33770
 City & State

3. Mailing Address
SAME
 Suite, Apt. #, etc.

FFI Number **59-3682839** Applied For
 Not Applicable

Zip **33770** Country **Pineellas** Zip Country
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIGUES, LEONARDO
1632 MISSOURI AVENUE NORTH
LARGO FL 33770

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 Leonardo D. Rodriguez Leonardo Rodriguez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒
 (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, LEONARDO		NAME		
STREET ADDRESS	3010 S. PINES DR., UNIT 103		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Eleuterio Rodriguez	
STREET ADDRESS			STREET ADDRESS	2025 Rogers ST	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Aisha Perez	
STREET ADDRESS			STREET ADDRESS	3010 S Pines Dr # 103	
CITY-ST-ZIP			CITY-ST-ZIP	Largo FL 33771	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonardo D. Rodriguez Leonardo Rodriguez 4/27/01 (727) 5829895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)