

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90068 046 ***150.00

DOCUMENT # P00000053756

1. Entity Name

LALIS PRODUCTS INC.

Principal Place of Business

**251 GALEN DRIVE SUITE #114E
KEY BISCAVNE FL 33149**

Mailing Address

**251 GALEN DRIVE SUITE #114E
KEY BISCAVNE FL 33149**

2. Principal Place of Business

290 NW 183 St.

3. Mailing Address

290 NW 183 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1028619

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33169

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FONNEGRA, ALBERTO J
251 GALEN DRIVE SUITE #114E
KEY BISCAVNE FL 33149**

7. Name and Address of New Registered Agent

Name

Roberto Lalis

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

290 NW 183 Street

City

Miami

FL

Zip Code

33169

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/2001

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

TITLE **P** ☒ Delete
NAME **MEJIA SOTO, JUAN MANUEL**
STREET ADDRESS **251 GALEN DRIVE SUITE #114E**
CITY-ST-ZIP **KEY BISCAVNE FL 33149**

TITLE **VP** ☒ Delete
NAME **FONNEGRA, ALBERTO J**
STREET ADDRESS **251 GALEN DRIVE SUITE #114E**
CITY-ST-ZIP **KEY BISCAVNE FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Roberto Lalis**
STREET ADDRESS **290 NW 183 Street**
CITY-ST-ZIP **Miami, FL 33169**

TITLE **Secretary, Treasure** ☒ Change ☐ Addition
NAME **Roberto Lalis**
STREET ADDRESS **290 NW 183 Street**
CITY-ST-ZIP **Miami, FL 33169**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/2001

CR2E034 (10/00)