

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054088

1. Entity Name

LACEY RENOVATIONS CORPORATION

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90053 046 ***150.00

Principal Place of Business

1100 11TH STREET, #208
 MIAMI BEACH FL 33139
 33

Mailing Address

1100 11TH STREET, #208
 MIAMI BEACH FL 33139
 33

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1014238

Applied For

Not Applicable

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

LACEY, DAVID
 1100 11TH STREET, #208
 MIAMI BEACH FL 33139

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 reinstating)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	LACEY, DAVID	
STREET ADDRESS	1100 11TH STREET, #208	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	NARANJO, OCTAVIO	
STREET ADDRESS	1100 11TH STREET, #208	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VERNA, CRISTIAN	
STREET ADDRESS	1100 11TH STREET, #208	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	IGLESIAS, JOSE	
STREET ADDRESS	1100 11TH STREET, #208	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAME - S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME - Naranjo, Octavio	
STREET ADDRESS	1903 SW 67th CT.	
CITY-ST-ZIP	Miami, FL 33156-1742	
TITLE	SAME - VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME - Verna, Christian	
STREET ADDRESS	7600 WEST. 20th AVE. #100	
CITY-ST-ZIP	Hialeah, FL 33016-0000	
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		

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:

David Lacey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (305) 389-1461

Date

Daytime Phone #

CR2E034 (10/00)

Attachment 9752054
#00000054088

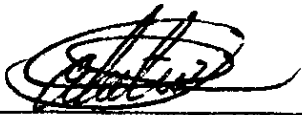
OFFICER / DIRECTOR RESIGNATION

I, Jose Iglesias, hereby resign as Vice President
(Title)

of Lacey Renovations Corporation
(Name of Corporation)

a corporation organized under the laws of the State of Florida.

and affirm that the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

FILING FEE IS \$35.00