

MAR-06-01 TUE 01:27 PM

LAZARUS CORPORATION

FAX: 30522014

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90038 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000065942

1. Entity Name
KETER LIBRERIE INC.

Principal Place of Business

Mailing Address

9630 FONTAINE BLVD
MIAMI FL 33172

769981

Principal Place of Business

3. Mailing Address

9630 FONTAINE BLVD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI FL 33172

4. FEL Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33172 MIAMI-DADE

33172

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

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

Name

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

City

FL

Zip Code

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 registering)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Elena Garcia
9630 FONTAINE BLVD
MIAMI FL 33172TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ Addition

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

Prudential

305-207 8198