FILED
Jul 02, 2002 8:00 am
Secretary of State
06-05-2002 90413 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068571

1. Entity Name
L.A. INVESTORS GROUP, INC.

DO NOT WRITE IN THIS SPACE

37371

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2140 W 68 St # 301B	2140 W 68 St # 301B
Suite, Apt. # etc: 301B	Suite, Apt. # etc: 301B
City & State: Hialeah	City & State: Florida
Zip: 33016 County: Miami Dade	Zip: 33016 County: Miami Dade

4. FEI Number: 65-1027913 ☐ 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: Lazaro Sanchez

Street Address (P.O. Box Number is Not Acceptable):
10458 NW 130th Street

City: Hialeah FL Zip Code: 33018

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: _____ 6/4/02
Signature of an officer or director required if applicable (NOTE: Registered Agent signature required for registered agent changes) Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP: PD Sanchez, Lazaro 10458 NW 130 Street Hialeah, Florida 33018	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: VD Lage, Marlene Delete 10458 NW 130 Street Hialeah Gardens, FL 33018	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
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CR2E034B (12/01)

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 the 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #