

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075641

1. Entity Name

MARIO LAINES & ASSOCIATES, INC.

FILED
Jul 31, 2001 8:00 am
Secretary of State

05-18-2001 91248 029 ***150.00

Principal Place of Business

Mailing Address

1710 SW 24 STREET
MIAMI FL 33145

1710 SW 24 STREET
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1030540

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

LAINES, MARIO
1710 SW 24 STREET
MIAMI FL 33145

Name

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

City

FL

Zip Code

3. 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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ZIP	D LAINES, MARIO 1710 SW 24 STREET MIAMI FL 33145	<input type="checkbox"/> Delete
ADDRESS ZIP	D LAINES, NORMA E 1710 SW 24 STREET MIAMI FL 33145	<input type="checkbox"/> Delete
ADDRESS ZIP		<input type="checkbox"/> Delete
ADDRESS ZIP		<input type="checkbox"/> Delete
ADDRESS ZIP		<input type="checkbox"/> Delete
ADDRESS ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-01 305-222-1310

CR2E034 (10/00)

Attachment 10602
Mario Laines & Associates, INC

8775 Park Blvd
Apt. 101
Miami, Fl 33172
Phone (305) 222 1310
Cell Phone (305) 781 4516
malaines@yahoo.com

968808075641

July 25, 2001

~~Division of Corporations, P.O. BOX-1500~~
~~Tallahassee, Florida 322302-1500~~

We wish the very best in your daily activities.

This is a letter to inform that the place of Business has changed to a new address.

The new address is found at the upper space of this page.

Because of the change of address we didn't get our mail on time, should we proceed to pay this fee(\$400.00) or avoid it for the reason mentioned above?

Thank you for taking note of this,

Mario Laines & Associates