

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90327 029 ***150.00

DOCUMENT # P00000082896

1. Entity Name
L A PROPERTIES GROUP II, INC.

Principal Place of Business

**5800 SW 123RD AVENUE
 MIAMI FL 33183**

Mailing Address

~~5800 SW 123RD AVENUE
 MIAMI FL 33183~~

2. Principal Place of Business

3. Mailing Address

PO BOX 831064

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

Country

33283

Country

USA

4. FEI Number

65-1039815

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

**PEREIRA, JOSEPH A JR
 10300 SW 72ND ST.
 #470C
 MIAMI FL 33173**

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. ☐

**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	D	<input type="checkbox"/> Delete
NAME	BENITO, LUIS	
STREET ADDRESS	5800 SW 123RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENITO, ADDIS	
STREET ADDRESS	5800 SW 123RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

CR2E034 (10/00)