

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091233

1. Entity Name

**SAN LAZARO USA INC.**

Principal Place of Business

**7235 N.W. 179th St. # 206  
Miami Lakes, FL. 33015**

Mailing Address

**7235 N.W. 179th St.  
Suite # 206  
Miami, FL. 33015**

2. Principal Place of Business

**7235 N.W. 179th St.  
Suite, Apt. #, etc.  
206**

3. Mailing Address

**7235 N.W. 179th St.  
Suite, Apt. #, etc.  
206**

City & State

**Miami, Lakes**

City & State

**Miami Lakes**

Zip

**33015**

Country

**USA**

Zip

**33015**

Country

**USA**

6. Name and Address of Current Registered Agent

**ANDRADE-PARRA, YOYOHANNY  
7235 N.W. 179th St.  
Suite 206  
Miami, Lakes, FL. 33015**

7. Name and Address of New Registered Agent

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, 2000 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

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **Andrade Parra, Yohanny**  
CITY-ST-ZIP **7235 N.W. 179th St. # 206  
Miami Lake, FL. 33015**

TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **MORA, ADRIANA**  
CITY-ST-ZIP **7235 N.W. 179th St. # 206  
Miami Lakes, FL. 33015**

TITLE ☐ Delete  
NAME **VPD**  
STREET ADDRESS **Zabala, Jose Luis**  
CITY-ST-ZIP **7235 N.W. 179th St. # 206  
Miami Lakes, FL. 33015**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **100003828551**  
STREET ADDRESS **-03/09/01--01086--029**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/2001

Date

Daytime Phone #

(305)

824-0059

FILED

01 MAR -2 AM 11: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)