2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT#

P00000091233

1. Entity Name

SAN LAZARO USA, INC.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90162 039 ***150.00

954-724-4141

Daytime Phone #

Principal Place of Business 2000 HARRISON ST. BAY 1 HOLLYWOOD FL 33020			Mailing Address 2000 HARRISON ST. BAY 1 HOLLYWOOD FL 33020									
2. Principal F	Place of Busin	ness	3. Mailing Address						III 00 11 0 1011		(11 04 11) 1 06 1	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 65-1058393			Applied For Not Applicable	
Zip	Zip Country		Zip		Cour	Country				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7.	Name and Address of New Regi	stered Ag	ent		
	*** . · · · -		Name-=	g the employed	tia el Privigo de aa te de	-	-					
MORA, ADRIANA					Street Address (P.O. Box Number			Box Number is Not Acceptable)				
2000 HAR	irison stf											
BAY 1												
HOLLYWO	OOD FL 330				City			FL	Zip Code	e		
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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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE?	Signature typed	or printed name of registered agent an	d title if appli	cable. (NOTE	: Registere	ed Agent signature	required when r	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be												
		Florida Department of	State L					Trust Fund Contribution.		Added	I to Fees	
10. OFFICERS AND DIRECTORS					11,				BS AND F	DIRECTORS	3 IN 11	
TITLE	VPD	01110211071110		☐ Delete	TITL			DD11101107 01 17 11 10 20 10 07 1102		Change	Addition	
NAME	MORA, AD			below	NAM							
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CITY-ST-ZIP						- ST- ZIP		•				
12. I hereby o	certify that the	information supplied with t	his filing o	does not qualify for	the exe	mption stated	d in Section	119.07(3)(i), Florida Statutes. I furt	ther certify	that the in	formation	
12. 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 10 or Block 11 if												

driana