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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) – Amended

DOCUMENT # P00000091233

1. Entity Name
SAN LAZARO USA, INC.

Principal Place of Business	Mailing Address
2000 HARRISON ST. BAY 1 HOLLYWOOD, FL 33020	2000 HARRISON ST. BAY 1 HOLLYWOOD, FL 33020

2. Principal Place of Business	3. Mailing Address
2011 HARRISON ST	2011 HARRISON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HWD, FL	City & State: HWD, FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1058393 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORA, ADRIANA
2000 HARRISON STREET
BAY 1
HOLLYWOOD, FL 33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ______ DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MORA, ADRIANA 2000 HARRISON STREET; BAY1 HOLLYWOOD, FL 33020 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Director mora Adriana 2000 Harrison Street - Bay 1 Hollywood, FL 33020 X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/28 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: [signature] Adriana Mora, 954-924-8116
Signature, Typed or Printed Name of Signing Officer or Director — Date — Daytime Phone #

CR2E031 (1/2002)