

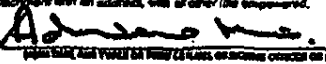
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR) - Amended**

DOCUMENT # P00000091233			
1. Entity Name SAN LAZARO USA, INC.			
Principal Place of Business 2000 HARRISON ST. BAY 1 HOLLYWOOD, FL 33020		Mailing Address 2000 HARRISON ST. BAY 1 HOLLYWOOD, FL 33020	
2. Previous Place of Business 2011 HARRISON ST. State, Apt. #, etc.	3. Mailing Address 2011 HARRISON ST. State, Apt. #, etc.		
City & State HWD, FL	City & State HWD, FL	4. FEI Number 05-1056393	Applied For ☐ Not Accepted
Zip 33020	Country USA	5. Certificate of Status Desired ☒ 33020	6. \$3.75 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 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 Secretary with, and accept the obligations of registered agent.			
SIGNATURE: 			
9. Election Campaign Financing Trust Fund Contribution. ☐		10. \$3.00 May Be Added in Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)	
10A. NAME 10B. STREET ADDRESS CITY-ST-ZIP MORA, ADRIANA 2000 HARRISON STREET, BAY 1 HOLLYWOOD, FL 33020	☐ Date	11A. NAME 11B. STREET ADDRESS CITY-ST-ZIP President/Director Mora, Adriana 2000 Harrison Street - Bay 1 Hollywood, FL 33020	☒ Change ☐ Addition
10C. NAME 10D. STREET ADDRESS CITY-ST-ZIP	☐ Date	11C. NAME 11D. STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
10E. NAME 10F. STREET ADDRESS CITY-ST-ZIP	☐ Date	11E. NAME 11F. STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
10G. NAME 10H. STREET ADDRESS CITY-ST-ZIP	☐ Date	11G. NAME 11H. STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
10I. NAME 10J. STREET ADDRESS CITY-ST-ZIP	☐ Date	11I. NAME 11J. STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
10K. NAME 10L. STREET ADDRESS CITY-ST-ZIP	☐ Date	11K. NAME 11L. 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 192.07(2)(f), Florida Statutes. I further certify that the information disclosed 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, Part 04, Statutes; and that my name appears in block 10 or block 11 of this report, or on an attachment with an address, with or without the empowered.			
SIGNATURE: 		954-924-8116	