

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90247 003 ***150.00

DOCUMENT # 95191
1. Entity Name
LALIS CORPORATION

Principal Place of Business **Mailing Address**
1320 15TH TERRACE SUITE #7
MIAMI BEACH FL 33139

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number 65-1047446 **Applied For:**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERNANDO PALOMO
1320 15TH TERRACE SUITE #10
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name UGO V. CHIARATO
Street Address (P.O. Box Number is Not Acceptable)
220 71ST STREET #213
City MIAMI BEACH **FL** **Zip Code** 33141

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 Ugo v Chiarato **DATE** APR 26, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

REGISTRATION FEES \$150.00
FILED MAY 14 2001 \$50.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>JUAN MANUEL PADRA</u> <input type="checkbox"/> Delete <u>P/D</u> <u>1320 15TH TERRACE #7</u> <u>MIAMI BEACH FL 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>FERNANDO PALOMO</u> <input checked="" type="checkbox"/> Delete <u>V/P/DIR</u> <u>1320 15TH TERRACE #10</u> <u>MIAMI BEACH FL 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>JUAN MANUEL PADRA</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>1320 15TH TERRACE #7</u> <u>MIAMI BEACH FL 33139</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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: JUAN MANUEL PADRA, PRESIDENT **DATE** APR 26, 2001 **Daytime Phone #** (305) 868-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR