

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000112344**

1. Entity Name

LAPIS MANAGEMENT, INC.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90095 030 ***150.00

Principal Place of Business

**3326 MARY ST. STE 603
COCONUT GROVE FL 33133**

Mailing Address

**3326 MARY ST. STE 603
COCONUT GROVE FL 33133**

2. Principal Place of Business

3. Mailing Address

2665 South Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 703

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

33133**USA**

4. FEI Number

65-1062586

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORLD CORPORATE SERVICES, INC.
2665 S BAYSHORE DR, STE 703
MIAMI FL 33133**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ DeleteNAME **NARANJO, EDUARDO**STREET ADDRESS **3326 MARY ST, STE 203**CITY-ST-ZIP **COCONUT GROVE FL 33133**TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **P/VP/S/T** ☐ Change ☒ AdditionNAME **Ocampo, Anthony**STREET ADDRESS **3326 Mary Street, Suite 603**CITY-ST-ZIP **Miami, Florida 33133**TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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

Anthony Ocampo 4/27/01 (305) 444-3177

Date

Daytime Phone #

CR2E034 (10/00)