2001 UNIFORM BUSINESS REPORT (UBR)

5/14

FILED
Jun 21, 2001 8:00 am
Secretary of State
05-14-2001 90244 032 ***158.75

DOCUMENT # P00000116346

1. Entity Name
LEMAGO, INC.

Principal Place of Business	Mailing Address
4103 BELL TOWER CT #304 KISSIMMEE FL 34741	4103 BELL TOWER CT #304 KISSIMMEE FL 34741

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4162 CORSAIR AV	4162 CORSAIR AV
Suite, Apt. #, etc. 4162	Suite, Apt. #, etc. 4162
City & State KISSIMMEE, FLORIDA	City & State KISSIMMEE, FL
Zip 34741 / Country OSCEOLA	Zip 34741 / Country OSCEOLA

4. FEI Number 59-3708695 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, GONZALO C
4103 BELL TOWER CT #304
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name ~~AMANDA TORO~~
Street Address (P.O. Box Number is Not Acceptable) 4162 CORSAIR AV
City KISSIMMEE **FL** Zip Code 34741

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 ________________ 06/17/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIAZ, GONZALO C 4103 BELL TOWER CT #304 KISSIMMEE FL 34741 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR AMANDA TORO 4162 CORSAIR AV. KISSIMMEE. FLORIDA. 34741 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GENERAL MANAGER GONZALO DIAZ 4160 CORSAIR AV KISSIMMEE, FLORIDA, 34741 ☒ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ________________ 04/16/01 (407)390-9154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)