

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90231 008 \*\*\*150.00

DOCUMENT # **P00000116346**

1. Entity Name

**LEMASO, INC.**

Principal Place of Business

Mailing Address

**4120 Vista Lago Cir #106**  
**Kissimmee, Florida 34741**

2. Principal Place of Business

3. Mailing Address

**4120 Vista Lago Cir.**

Suite, Apt. #, etc.  
**106**

Suite, Apt. #, etc.

City & State

**Kissimmee**

City & State

4. FEI Number

**59-3708695**

Applied For

Not Applicable

Zip

**34741**

Country

**USCADA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Amanda Toro**  
**4162 Corsair Ave.**  
**Kissimmee, Florida 34741**

7. Name and Address of New Registered Agent

Name **Amanda Toro**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4120 Vista Lago Cir. #106**  
 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

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

TITLE	<b>G.M.</b>	<input type="checkbox"/> Delete
NAME	<b>Diaz, Gonzalo C</b>	
STREET ADDRESS	<b>4162 Corsair Ave</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34741</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Toro, Amanda</b>	
STREET ADDRESS	<b>4162 Corsair Ave</b>	
CITY-ST-ZIP	<b>Kissimmee FL 34741</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>G.M.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Diaz, Gonzalo C</b>	
STREET ADDRESS	<b>4120 Vista Lago Cir. #106</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34741</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Toro, Amanda</b>	
STREET ADDRESS	<b>4120 Vista Lago Cir. #106</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34741</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Signature Number

**4/25/02**

**407-933-7666**

CR2E034 (11/00)