

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P01000006493**

1. Entity Name

**LAGE SERVICES, INC.**

FILED

02 NOV -7 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000008872650  
11/07/02--01

Principal Place of Business

Mailing Address

**1139 SE 22 AVE**

**1139 SE 22 AVE**

**POMPANO BEACH FL 33062**

**POMPANO BEACH FL 33062**

2. Principal Place of Business

**1436 E. ATLANTIC BLVD.**

3. Mailing Address

**1436 E. ATLANTIC BLVD.**

Suite Apt. #, etc.

**SUITE E**

Suite Apt. #, etc.

**SUITE E**

City & State

**POMPANO BEACH FL 33060**

City & State

**POMPANO BEACH FL 33060**

4. FEI Number

**65-1077143**

Applied For

Not Applicable

Zip

**33060**

Country

Zip

**33060**

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAGE, VIVIANE**

**1436 E. ATLANTIC BLVD.**

**SUITE E**

**POMPANO BEACH FL 33060**

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, 2003 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	LAGE, VIVIANE	1436 E. ATLANTIC BLVD., SUITE E	POMPANO BEACH FL 33060	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Viviane Lage*

**VIVIANE LAGE - PRESIDENT**

**11/01/02**

**(954)946 9550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2002 Uniform Business Report (UBR)  
409 East Gaines Street  
Tallahassee, FL 32399

Re: *Filing of Uniform Business Report 2002*

**P01000006493**

**LAGE SERVICES, INC.**


To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,

  
Viviane Lage - President  
**LAGE SERVICES, INC.**  
1436 E. Atlantic Blvd. Suite E  
Pompano Beach, FL 33060  
Phone (954) 946-9550 - (954) 946-8139