

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90013 049 \*\*\*150.00

**DOCUMENT # P01000029176**

1. Entity Name

L.A.S. INT'L CONSULTING, INC.

Principal Place of Business

1111 CRANDON BLVD #B-1208  
 KEY BISCAYNE FL 33149

Mailing Address

1111 CRANDON BLVD #B-1208  
 KEY BISCAYNE FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

177 OCEAN LANE DR.

3. Mailing Address

177 OCEAN LANE DR.

Suite, Apt. #, etc.

# 308

Suite, Apt. #, etc.

# 308

City & State

KEY BISCAYNE, FL.

City & State

KEY BISCAYNE, FL.

4. FEI Number

65-1086864

Applied For

Not Applicable

Zip

33149

Country

US

Zip

33149

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, LUZ A

1111 CRANDON BLVD #B-1208

KEY BISCAYNE FL 33149

177 OCEAN LANE DR.

# 308

KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

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, 2002 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 PD  
 NAME SCHMIDT, LUZ A  
 STREET ADDRESS 1111 CRANDON BLVD #B-1208  
 CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE VD  
 NAME ORDONEZ, ANDRES  
 STREET ADDRESS 1111 CRANDON BLVD #B-1208  
 CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE SD  
 NAME SALAZAR, BLANCA  
 STREET ADDRESS 1111 CRANDON BLVD #B-1208  
 CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME LUZ SCHMIDT  
 STREET ADDRESS 177 OCEAN LANE DR. #308  
 CITY-ST-ZIP KEY BISCAYNE, FL. 33149 ☒ Change ☐ Addition

TITLE VD  
 NAME ORDONEZ, ANDRES  
 STREET ADDRESS 177 OCEAN LANE DR. #308  
 CITY-ST-ZIP KEY BISCAYNE, FL. 33149 ☒ Change ☐ Addition

TITLE SD  
 NAME SALAZAR, BLANCA  
 STREET ADDRESS 177 OCEAN LANE DR. #308  
 CITY-ST-ZIP KEY BISCAYNE, FL. 33149 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)