

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90196 022 ***158.75

DOCUMENT # P01000054558

1. Entity Name
LAGO CONSULTANTS, INC.

Principal Place of Business

**9800 COLLINS AVENUE
 SUITE 306
 BAL HARBOUR FL 33139**

Mailing Address

**9800 COLLINS AVENUE
 SUITE 306
 BAL HARBOUR FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1111815

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GIL & CACERES & ASSOCIATES, INC.
 601 S.W. 57TH AVENUE
 SUITE H
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **Edwin Gomez**

Street Address (P.O. Box Number is Not Acceptable)
9800 Collins Avenue

City **Bal Harbour, FL**

FL

Zip Code **33139**

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 *Edwin F. Gomez* **Edwin Gomez -PVST** **04/30/02**
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 **PVST** ☐ Delete
 NAME **GOMEZ, EDWIN**
 STREET ADDRESS **9800 COLLINS AVENUE SUITE 306**
 CITY-ST-ZIP **BAL HARBOUR FL 33139**

TITLE **D** ☐ Delete
 NAME **GOMEZ, EDWIN**
 STREET ADDRESS **9800 COLLINS AVENUE SUITE 306**
 CITY-ST-ZIP **BAL HARBOUR FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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: *Edwin F. Gomez* **PVST**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 (305) 562 4125
Date Daytime Phone #

CP2E034 (9/01)