

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90826 002 ***150.00

0260217 AV

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
9800 COLLINS AVE

Suite, Apt. #, etc.
APT 306

City & State
BAL HARBOUR FL

Zip
33154

Country
U.S.A

3. Mailing Address
9800 COLLINS AVE.

Suite, Apt. #, etc.
APT 306

City & State
BAL HARBOUR FL

Zip
33154

Country
U.S.A



☒ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME **GOMEZ EDWIN**
STREET ADDRESS **9800 COLLINS AVE APT 306**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE **D** ☒ Change ☐ Addition
NAME **GOMEZ EDWIN**
STREET ADDRESS **9800 COLLINS AVE. APT 306**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **EDWIN GOMEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 305-3621588
Date Daytime Phone #

CR2E034 (10/02)