

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081538

1. Entry Name
LAI ENTERPRISES, INC.



FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90296 009 ***158.75

Principal Place of Business
473 SW 8 ST
MIAMI FL 33130

Mailing Address
473 SW 8 ST
MIAMI FL 33130

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0651240
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSE A. FERNANDEZ
649 S.W. 9 ST APT #107
MIAMI FLA 33130

Name JOSE A. FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
649 S.W. 9 ST. APT. #107
City MIAMI FLA FL Zip Code 33130

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 Jose A. Fernandez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, LUIS M			NAME	JOSE A. FERNANDEZ		
STREET ADDRESS	649 S.W. 9ST. APT. #103	OUT		STREET ADDRESS	649 S.W. 9 ST APT. #107		
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP	MIAMI FLA 33130		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEDINA, MARIA A			NAME			
STREET ADDRESS	649 S.W. 9ST. APT. #104	OUT		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	S.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIVAREZ, ISABEL			NAME	ISABEL ALVAREZ		
STREET ADDRESS	649 S.W. 9ST. APT. #107			STREET ADDRESS	649 S.W. 9 ST APT #107		
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP	MIAMI FLA 33130		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, JOSE A			NAME			
STREET ADDRESS	649 S.W. 9ST. APT. #103			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33130			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose A. Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

Daytime Phone #