

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90135 001 ***150.00

0299755 AV

DOCUMENT # P01000084776

1. Entity Name
LAPIZLAZULI INTERNATIONAL, CORPORATION



Principal Place of Business
**10661 N. KENDALL DRIVE
SUITE 101
MIAMI FL 33176**

Mailing Address
**10661 N. KENDALL DRIVE
SUITE 101
MIAMI FL 33176**

2. Principal Place of Business
1804 A SW 31 AVE
Suite, Apt. #, etc.

3. Mailing Address
1804 A SW 31 AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PARK, FL
Zip
33009
Country
USA

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PEMBROKE PARK, FL
Zip
33009
Country
USA

4. FEI Number
65-1132965

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

**-BOTERO, JOSE C
10661 N. KENDALL DRIVE
SUITE 101
MIAMI FL 33176**

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 **JOSE C. BOTERO, PD.** **04/28/03**
(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BOTERO, JOSE C**
STREET ADDRESS **10661 N. KENDALL DRIVE SUITE 101**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **VP** ☐ Delete
NAME **MARTINEZ, PABLO E**
STREET ADDRESS **10661 N KENDALL DR STE 101**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **SIGNATURE REQUIRED**

04/28/03

954-608-2801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)