

05/03/02 90022 033 \$150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -3 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32310

DOCUMENT # **PO1000087013**
1. Entity Name **LOS Business Ventures, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6545 SW 72nd Ct.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip **33143** Country **USA**

Zip Country

4. FEI Number
43-1952216

Applied For
Not Applicable

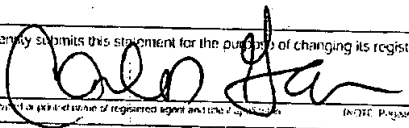
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Carlos F. Garcia**
Street Address (P.O. Box Number is Not Applicable)
6545 SW 72nd Ct
City **Miami** FL Zip Code **33143**

DO NOT WRITE IN THIS SPACE

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 of a person or entity of registered agent and time of filing

NOTE: Registered Agent signature required when filing

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

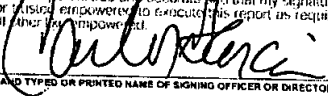
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
President & Secretary	Carlos F. Garcia	6545 SW 72nd Ct	Miami, FL 33143
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(a), 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 assignee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 11 or on an attachment with an address, with all power hereby empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 305-668-3209
Date of Filing Do-print Phone #

CR2E034B (12/01)