

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90054 025 ***150.00

DOCUMENT # P01000090346

1. Entity Name
LANDOME, INC.

Principal Place of Business
15470 SW 82ND LANE NO. 325
MIAMI FL 33193

Mailing Address
15470 SW 82ND LANE NO. 325
MIAMI FL 33193



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2732 SW 137th AV.
 Suite, Apt. #, etc.

3. Mailing Address
2732 SW 137th AV.
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-1140816**

Applied For
 Not Applicable

Zip
33175

Country

Zip
33175

Country

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

6. Name and Address of Current Registered Agent

MANDARANO, OSCAR A SR.
1161 NW 162ND AVENUE
PEMBROKE PINES FL 33028

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.

SIGNATURE *[Signature]*
 Signature of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/13/02
 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 **D** ☐ Delete
 NAME **MANDARANO, OSCAR ADAMO**
 STREET ADDRESS **15470 SW 82ND LANE NO. 325**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE **D** ☐ Delete
 NAME **MANDARANO, OSCAR A SR.**
 STREET ADDRESS **1161 NW 162ND AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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 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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 CITY-ST-ZIP

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: *[Signature]* **OSCAR MANDARANO** **4/15/02** **305-485-1618**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)