

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

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90067 024 \*\*\*550.00

DOCUMENT # **P01000 116956**

1. Entity Name

**LAGUNAS AUTO SALES, INC. ✓**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**LAGUNAS Auto Sales**

3. Mailing Address

**2519 Okeechobee Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort Pierce, Florida**

City & State

**Fort Pierce Florida**

Zip

**34947**

Country

**U.S.A**

Zip

**34947**

Country

**U.S.A**

4. FEI Number

**22-3857268**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**MARTIN LAGUNAS**

Street Address (P.O. Box Number is Not Acceptable)

**2706 Ohio Av.**

**FORT PIERRE FL.**

City

**FL**

Zip Code

**34947**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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-ST-ZIP  
**DP  
LAGUNAS MARTIN  
2519 Okeechobee Rd.  
FORT PIERRE FL. 34947**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
VICTORIA LAGUNAS  
2519 Okeechobee Rd.  
FORT PIERRE FL. 34947**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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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(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Martin Lagunas**

**ML**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-20-02**

Date

**(772)**

**466-00-38**

Daytime Phone #

CR2E034B (12/01)