2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P02000016790 DOCUMENT

1. Entity Name

LAGO FIAT LUX OF FLORIDA, CORP.



FILED Jan 21, 2003 8:00 am **Secretary of State**

01-21-2003 90080 032 ***163.75

Principal Place of Business			
7345 SAND LAKE	ROAD	STE	20
ORLANDO FL 32819			

Mailing Address 7345 SAND LAKE ROAD STE 209 ORLANDO FL 32819

2. Principal Place of Business CIRCUS 3. Mailing Address CYPRESS <u>8822</u> KESEQUE Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATENCIO, WILLIAM 7345 SAND LAKE ROAD STE 209 ORLANDO FL 32819 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 (NOTE: Registered Agent signature required when reinstating) - FILE NOW!!! FÉE IS \$150,00 __ 3 After May 1, 2003 Fee will be \$550.00 *9.~Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE n Delete TITLE Change ATENCIO, WILLIAM NAME NAME 8822 CYPRESS PESERVE CIRCLE STREET ADDRESS 7345 SAND LAKE ROAD STE 209 STREET ADDRESS ORLANDO, FL 32836 CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME ATENCIO, NOEMI NAME CYPRESS RESERVE CIRCUE STREET ADDRESS 7345 SAND LAKE ROAD STE 209 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change ☐ 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 if 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 implowered 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 add

SIGNATURE: