

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16617

1. Entity Name

LIGNUM-2, INC.

Principal Place of Business

1615 ALVARADO STREET  
SAN LEANDRO CA 94577  
US

Mailing Address

1615 ALVARADO STREET  
SAN LEANDRO CA 94501  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-2994213

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

ROTATI, SERGIO  
2655 LE JEUNE RD  
5TH FL  
CORAL GABLES FL 33134

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, 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)



FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME IRINAGA, KEN  
STREET ADDRESS 3 EMBARCADERO CTR 1133  
CITY-ST-ZIP SAN FRANCISCO CA

☐ Delete

TITLE VP  
NAME CALSO, ALEI  
STREET ADDRESS 34153 DONAHUE TERRACE  
CITY-ST-ZIP FREMONT CA 94555

☐ Delete

TITLE VP/TREAS  
NAME MEYER, THOMAS  
STREET ADDRESS 1619 ALVARADO ST.  
CITY-ST-ZIP SAN LEANDRO, CA 94577

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00

Date

5103476040

Daytime Phone #

CR2E034 (5/00)

VOUCHER# 066936  
VENDOR# 00796  
A/C# 09217  
DATE: 7/11/00