## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 06, 2000 8:00 am Secretary of State DOCUMENT # P93000009917 1. Entity Name LASER SHOP, INC. 05-06-2000 90307 001 \*\*\*476.25 Principal Place of Business Mailing Address C/O JAD & COMPANY, P.A. 925 WASHINGTON AVE 3400 CORAL WAY 6TH FLOOR MIAMI BEACH FL 33139 MIAMI FL 33145-3053 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0388888 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JORGE ANDRES DIAZ, CPA Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY SUITE 601 **MIAMI FL 33145** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE NAME FRIAS, JOSE A NAME STREET ADDRESS STREET ADDRESS 300 S POINTE DR, UNIT 802 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition ☐ Delete TITLE ٧n TITLE BARAAD KONING, ANDRE NAME NAME STREET ADDRESS STREET ADDRESS 555 N.E. PLAZA VENETIA WAY UNIT 604 CITY-ST-ZIP CITY-SI-ZIP MIAMI FL ☐ Change ☐ Addition TITLE PD TITLE ☐ Defete NAME MORALES, GUSTAVO A NAME STREET ADDRESS STREET ADDRESS 25 MONTILLA AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134-1844 ☐ Change Addition MSD ☐ Delete TITLE TITLE NAME DIAZ. JORGE ANDRES NAME STREET ADDRESS STREET ADDRESS 3400 CORAL WAY STE. #601 CITY-ST-ZIP CITY-ST-ZIF MIAMI FL Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

ATURE AND TURED AT PRINTED NAME OF IGNING OFFICER OR DIRECTOR

04-23-00

(305)672 - 7467

Date

Daytime Phone #