

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027498

1. Entity Name

LOS BALCONES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90102 004 ***150.00

Principal Place of Business

4112 COCONUT CIRCLE SOUTH
NAPLES FL 34104

Mailing Address

4112 COCONUT CIRCLE SOUTH
NAPLES FL 34104-4414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0410794

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

ERICKSON, WILLIAM C
~~500 5TH AVENUE S.~~
~~SUITE 524~~
NAPLES FL 34102

Name

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

1250 Tamiami TR. N. # 302

City

NAPLES

FL

Zip Code

34102

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

William C Erickson William C ERICKSON 4/20/00
(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. ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete
NAME LAMADRID, VICTOR
STREET ADDRESS 4112 COCONUT CIR. SOUTH
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAMADRID, VICTOR
STREET ADDRESS 4112 COCONUT CIR. SOUTH
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Victor E. Lamadrid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REQUIRED Victor Lamadrid 4/20/00 (941) 263-2810

CR2E034 (9/99)