

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90189 018 ***550.00

DOCUMENT # P93000027498

1. Entity Name
LOS BALCONES, INC.



Principal Place of Business

Victor Lamadrid
#12
180 Furse Lake Cir.
Naples, FL 34104-6440

Mailing Address
PO BOX 10024
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

Victor Lamadrid
#12
180 Furse Lake Cir.
Naples, FL 34104-6440

Suite, Apt. #, etc.

Suite

City & State

NAPLES, FL 8

Zip

Country

34104

US

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
1250 9TH ST. NORTH
STE 302
NAPLES FL 34102

Name

VICTOR LAMADRID

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

Victor Lamadrid
#12
180 Furse Lake Cir.
Naples, FL 34104-6440

City

NAPLES

FL

Zip Code

34104

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

Victor Lamadrid

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **Victor Lamadrid**
STREET ADDRESS **#12**
CITY-ST-ZIP **180 Furse Lake Cir.**
Naples, FL 34104-6440

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

TITLE **D** ☒ Delete
NAME **Victor Lamadrid**
STREET ADDRESS **#12**
CITY-ST-ZIP **180 Furse Lake Cir.**
Naples, FL 34104-6440

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Victor Lamadrid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/03 239-404-2139

CR2E034 (10/02)