2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2003 8:00 am Secretary of State

Principal Place of Business 155 N.W. 29TH AVENUE LIMMS PL 20125 2. Principal Place of Business Suita, Apt. R. dic. City & State City & S	DOCUMENT # P93000031333 1. Entity Name LACIND CORPORATION								05-05-2003	3 90138	005 **	*150.00	
Suita Apt II, etc. Suita, Apt II, etc. City & Suita Country Zp Country Scretificate of Shale, Destret 8- Reprinted For Mon Applicable 8- Reprinted For Mon Applicable 8- Name and Address of Current Registered Agent Name LARRY VARELA Sureal Address (P.O. Box Number is Not Acceptable) FLE Top Code 1- The abbits among dentity subbrist this Sustament for the purpose of changing is registered agent, or both, in the Sales of Fiorica. I am tentilise with, and society the obligations of registered agent. SIGNATURE Subtract types and the Sales of Fiorica and the substance of the purpose of changing is registered agent, or both, in the Sales of Fiorica. I am tentilise with, and society the obligations of registered agent. SIGNATURE Subtract types and the Sales of Fiorica and the substance of the purpose of changing is registered agent, or both, in the Sales of Fiorica. I am tentilise with, and society is the obligations of registered agent. SIGNATURE SUBTRACTIONS Apply 1, 2003 Few Will be \$55,0.00 Make Check Republic to Florids Department of State OFFICE Registered Subtraction agents of the members of the substance of the members of the members of the substance of the members of the substance of th	1515 N.W. 29TH AVENUE 1515 N.W. 29TH AVENUE												
City & State Ci	Principal Place of Business 3. Mailing Address								L INDICATE REPORTED INVESTIGATION OF STATE	i dekki as kar	HICAN COMPANS	14 CH 16 161 1 93 1	
Country Zip Country Sip Countr	Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Street Additions 1. Change and Additions of Courrent Registered Agent 1. Name LARRY VARELA ISTO Name and Additions of Not Registered Agent 1. Name LARRY VARELA ISTO Name and Additions of Not Registered Agent Street Additions (City FL Zip Code 1. The above named entity submiss this bilatement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am ferrillar with, and accept the colligations of registered agent. SIGNATURE Signature registered agent, or both, in the State of Florida. I am ferrillar with, and accept the colligations of registered agent. Fill Now!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Proposition Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Now. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Now. SIRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Now. SIRET ADDITIONS/CHANGES TO CHANGE AGENT A	City & Star	te	City	City & State				El Number 65-0398964		\rightarrow		<u>_</u>	
LARRY VARELA 1515 N.W. 29TH AVENUE MIAMI FL 33125 City FL Zip Code 8. The above named entity submits the 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, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the supplies of registered agent, or both. In the State of Florida. I am familiar with a state of Florida. I am familiar with a familiar accept the supplies of registered agent, or both. In the State of Charge State of Charge Addition **STRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **THE NOWL AND STRET ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 **THE NOWL AND STRET ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 **THE NOWL AND STRET ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 **THE NOWL AND STRET ADDITIONS CHANGES TO OFFICERS	Zip Country			Zip	Zip Cour			5. (Certificate of Status Desired		\$8.75 A	dditional red	7
Street Address (P.O. Box Number is Not Acceptable)		6 Nama	and Address of Cui	rrent Register	d Agent			7.7	lame and Address of New Re	gistered`	\gent		-
Signed Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	·	ء جسست					Name						7
City FL Zip Code							Street Add	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submiss 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					,			- 75					1
THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheech Payable to Finded separated again and time if separated Again expression required when rehosating) Part					City			**		FL	Zip Co	de	1
FILE NOW!II FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INLE NAME 1515 N.W. 29TH AVE. STRET ADDRESS CITY-ST-2P ITILE NAME STRET				ent for the purp	ose of changing its	s register	ed office or re-	gistered age	ent, or both, in the State of Flori	da. I am i	amiliar with	n, and accept]
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE	Signature, typed	or printed name of registered	agent and title if app	ficable. (NO	E: Registere	od Agent signature r	equired when rei	instating)	DATE			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		II E NOWI	1 EEE IS \$150 OF	<u> </u>			·		·				1
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE LARRY VARELA. 1515 N.W. 29TH AVE. 1515 N.W. 29TH AVE. 1515 N.W. 29TH AVE. 1516 N.W. 29TH AVE. 1517 N.W. 29TH AVE. 1518 N.W. 29TH A	After May 1, 2003 Fee will be \$550.00												}
TILE NAME STREET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-					De	E 44	·		DITIONS (CHANGES TO GEE	EBC AND	DIRECTO	DC IN 11	-}
NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE Delete TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE STREET ADDRESS CITY-ST-ZP TILE Delete TILE STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-Z		D	i. Officens	AND DIRECTO				AD	DITIONS/CHANGES TO OFFIC	ENS AND			† ବ
NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE Delete TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE STREET ADDRESS CITY-ST-ZP TILE Delete TILE STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-Z	l.		DEI A		L.J Delete		. [L_1 Change	☐ Addition	18
NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TILE CITY-ST-ZP							- 1						Ē
NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TILE CITY-ST-ZP	' ' I		ZOIN AVE.			•	- 1						l §
NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE Delete TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE STREET ADDRESS CITY-ST-ZP TILE Delete TILE STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP TILE Delete TILE NAME STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-Z	CHT-SI-ZIP	WINGHI FL				GIIT	-51-ZIP						18
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME Change Addition NAME Change Addition NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME Change Addition NAME NAME NAME CHANGES CITY-ST-ZIP Change Addition NAME NAME NAME Change Addition NAME NAME Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME NAME NAME Change Addition NAME					☐ Dalete		i i				Change	Addition	15
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS	-						· I						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS													
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CIT	CITY-ST-ZIP		<u> </u>			cm	-ST-ZIP						1
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE				Delete	TITL	E				☐ Change	Addition	1
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					, <u>-</u> .	· 🖺		. .			_		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Obelate TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TI							ſ						}
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	e carrier	. ಅ-೯೫,೧೮ ಕ್ಷಮ	<u>,</u>	<u> </u>	CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE TI	TITLE				Delete	ការប	E		ار المحتوان المحتوان المحتوان		Change	~ 🗀 Addition	}
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP	NAME					NAM	E [И				1
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY	STREET ADDRESS					STAL	ET ADDRESS		•				
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 Chanter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if	CITY-ST-ZIP				_	CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE 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	TITLE				☐ Detete	TITL					Change	☐ Addition	7
CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST	NAME			•		NAM	Ε				-	•	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	STREET ADDRESS					STRE	ET ADDRESS)
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	CITY-ST-ZIP					CITY	-ST-ZIP				_	_	1
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	TITLE				☐ Delete	וזוו					[] Change	☐ Addition	1
STREET ADDRESS CITY-S1-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					- 2000		1]
CITY-S1-ZIP CITY-							- 1					١	1
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 exporation 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		jt.										*	1
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	12 I horeby o	ertify that the	information supplied	with this filing	does not qualify fo	r the evo	motion stated	in Section 1	19 07(3Vi) Florida Statutae 15.	other certi	fy that the	information	1
	indicated of the cor	on this report poration or th	or supplemental rep e receiver or trustee i	ort is true and a empowered to	accurate and that resecute this report	ny signat as requi	ture shall have	the same le	gal effect as if made under oat	h; that I ar	n an office	r or director	

Attachment <u>55044736</u> #P93000031333

TO:

Florida Department of State

From:

Lacind Corporation

Date:

May 27, 2003

Subject:

Correction

Reference.#

P93000031333

Returning business report signed.

Thank you:

Larry Varela President