

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047733

1. Entity Name
LA MISION, U.S.A., INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90006 016 ***550.00

Principal Place of Business
403 E. DAVIS BLVD.
TAMPA FL 33606
US

Mailing Address
403 E. DAVIS BLVD.
TAMPA FL 33606
US

AUU75533



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3192338

Applied For
Not Applicable

Zip Country

Zip Country

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

VERSAGGI, RUSSEL S.
403 E. DAVIS BLVD.
TAMPA FL 33606

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 VERSAGGI, RUSSELL S.
STREET ADDRESS 2411 STROUD AVE. #3
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE PD
NAME VERSAGGI, RUSSELL S.
STREET ADDRESS 403 E. DAVIS BLVD.
CITY-ST-ZIP TAMPA, FL ☒ Change ☐ Addition

TITLE SD
NAME VERSAGGI, RUSSELL S.
STREET ADDRESS 2411 STROUD AVE., STE. 3
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE SD
NAME VERSAGGI, RUSSELL S.
STREET ADDRESS 403 E. DAVIS BLVD.
CITY-ST-ZIP TAMPA, FL ☒ Change ☐ Addition

TITLE SD
NAME ALFARO, JUAN M.
STREET ADDRESS 5A CALLE PONIENTE #3778/COLONIA ESCALON
CITY-ST-ZIP SAN SALVADOR EL ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE SD
NAME MENENDEZ, GERARDO
STREET ADDRESS 12 AVENIDA SUR, ENTRE 27 Y 29
CITY-ST-ZIP CALIENTE PONIENTE SA ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE VD
NAME ALFARO, FERNANDO
STREET ADDRESS 5A CALLE PONIENTE #3778, COLONIE ESCADON
CITY-ST-ZIP SAN SALVADOR, EL SALVADOR ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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: *Russell S. Versaggi, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUSSELL S. VERSAGGI, PRESIDENT

8/10/00 (813) 254-1777
Date Daytime Phone #

CR2E034 (5/00)