

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064628

1. Entity Name

HUBERT LANDO INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1200 NW 78 AVENUE  
SUITE 209  
MIAMI FL 33126

1200 NW 78 AVENUE  
SUITE 209  
MIAMI FL 33126-1817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0436719

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

SOMBERG, NORMAN  
7700 NORTH KENDALL DRIVE  
SUITE 610  
MIAMI FL 33156

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 \$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

TITLE D ☐ Delete  
NAME ESTAY, JULIO E  
STREET ADDRESS 2333 PRICKELL AVE, APT 1101  
CITY-ST-ZIP MIAMI FL 33129

TITLE P ☐ Delete  
NAME MILES, GABRIELA  
STREET ADDRESS 9351 FOUNTAINBLEAU BLVD #311  
CITY-ST-ZIP MIAMI FL 33172

TITLE S ☐ Delete  
NAME ESTAY, GRETA  
STREET ADDRESS 2333 BRICKELL AVE, APT 1101  
CITY-ST-ZIP MIAMI FL 33129

TITLE VPT ☐ Delete  
NAME MURATI, PATRICIA  
STREET ADDRESS 10639 NW 54TH STREET  
CITY-ST-ZIP MIAMI FL 33178

TITLE S ☒ Delete  
NAME GEORGE, LAURA  
STREET ADDRESS 150 OCEAN LANE DRIVE #9A  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☐ Change ☒ Addition  
NAME JAIME MURATI  
STREET ADDRESS 10639 NW 54th Street  
CITY-ST-ZIP Miami, FL 33178

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

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

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

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90073 001 \*\*\*300.00



DO NOT WRITE IN THIS SPACE

4560

1/20/00

305-591-1152