

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014760

1. Entity Name

LO MEJOR EN EQUIPOS DE MIAMI, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90048 044 ***150.00

Principal Place of Business

Mailing Address

801 W. 49 ST.
217
HIALEAH FL 33012
US

256 NW 42 AVE
MIAMI FL 33126-5452
US

2. Principal Place of Business

3. Mailing Address

1800 S.W. 1ST
Suite, Apt. #, etc.
SUITE 308

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33135

Country

Zip

Country

4. FEI Number 65-0469818

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

PARRA, VIOLET
801 W. 49TH ST.
217
HIALEAH FL 33012

Name VIOLET PARRA

Street Address (P.O. Box Number is Not Acceptable)
1800 S.W. 1ST SUITE 308

City MIAMI

FL

Zip Code 33135

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]*
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete
NAME PARRA, VIOLET
STREET ADDRESS 801 W. 49 ST., # 217
CITY-ST-ZIP HIALEAH FL 33012

TITLE PVST ☐ Change ☐ Addition
NAME PARRA, VIOLET
STREET ADDRESS 1800 S.W. 1ST SUITE 308
CITY-ST-ZIP MIAMI FL 33135

TITLE D ☐ Delete
NAME PARRA, VIOLET
STREET ADDRESS 801 W. 49 ST., #217
CITY-ST-ZIP HIALEAH FL 33012

TITLE D ☐ Change ☐ Addition
NAME PARRA, VIOLET
STREET ADDRESS 1800 S.W. 1ST SUITE 308
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)