## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P95000011498** May 22, 2000 8:00 am Secretary of State L.A. DEVELOPMENT CORPORATION 05-22-2000 90039 046 \*\*\*150.00 Mailing Address Principal Place of Business 7900 NW 36TH ST 7900 NW 36TH ST 2ND FI 2ND FL MIAMI FL 33166-6604 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business 24TH STREET 34TH STREET 11600 N.W. 1600 N.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0554490 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FINK, BRIAN ESQ Street Address (P.O. Box Number is Not Acceptable) CATLIN, SAXON, TUTTLE & EVANS, P.A. 169 EAST FLAGLER STREET, #1700 MIAMI FL 33131 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition **PSTD** ☐ Delete TITLE PSTO TITLE LUIS ARIAS 11600 N.W. 34TH STREET ARIAS, LUIS NAME NAME 7900 N.W. 36TH STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS

13. 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 emparated 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR