

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90162 015 ***150.00

0221426

DOCUMENT # P95000029617

1. Entity Name
LANDMARK ENTERPRISES INC.

Principal Place of Business
14121 S.W. 92ND AVENUE
MIAMI FL 33176

Mailing Address
14121 S.W. 92ND AVENUE
MIAMI FL 33176

00020101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0622149**

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

GARCIA, ANNE MARIE
14121 S.W. 92ND AVENUE
MIAMI FL 33176

Name **JESUS T. GARCIA JR.**

Street Address (P.O. Box Number is acceptable)
14121 SW 92ND AVENUE

City **MIAMI** FL **33176**

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 of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01
 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, 2001 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 **PVTD** ☒ Delete
 NAME **GARCIA, ANNE MARIE**
 STREET ADDRESS **14121 S.W. 92ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **RAFAEL (Rafael) Ramirez**
 STREET ADDRESS **250 CATALONIA SUITE 506**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **SD** ☐ Delete
 NAME **GARCIA, JESUS T JR**
 STREET ADDRESS **14121 S.W. 92ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 **305 218-5308**
 Date Daytime Phone #

CR2E034 (10/00)