2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE:

FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **P95000073443** 1. Entity Name L & G SERVICES, INC. 02-14-2000 90170 018 ***158.75 Principal Place of Business Mailing Address 12915 SW 132 AVE 8010 SW 159TH CT MIAMI FL 33186-5812 MIAMI FL 33193 00019133 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65-0609738 Applied For City & State City & State Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 12915 SW 132 AVE **MIAMI FL 33186** 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 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 \$5.00 May Be 10. Election Campaign Financing Atter 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition PIT ☐ Delete TITLE TITLE DIAZ, SORGE DIAZ, JORGE NAME NAME 3515 SW 111 AVE STREET ADDRESS 8010 S.W. 159 CT. STREET ADDRESS Miami FL 33165 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ALEX GOVZAGET V, S ☐ Change Addition ☐ Delete TITLE TITLE ALEX GONZALEZ NAME NAME 9801 SW 124 COURT STREET ADDRESS STREET ADDRESS MIAMI 182 33186 CITY-ST-ZÎP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not is execut other like