

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009962

1. Entity Name

LORRAINE ATHLETIC FORCE INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90039 021 ***150.00

Principal Place of Business

Mailing Address

2480 N W 20ST
MIAMI FL 33142

~~4410 WEST 16 AVENUE~~
~~HIALEAH FL 33012-7100~~

2. Principal Place of Business

3. Mailing Address

2480 N W 20 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33142

4. FEI Number

65-0637334

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

SANTANA, MARIA M
40 TAX MANAGEMENT SERVICE CORP
7925 NW 12 STREET 324
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity certifies 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

P
NAME SANTANA, JESUS
STREET ADDRESS 2480 NW 20 STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

PVPS
NAME SANTANA, MARIA M
STREET ADDRESS 2480 NW 20 STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

T
NAME SANTANA, MARIA M
STREET ADDRESS 2480 NW 20 STREET
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

1-17-00

Date

305-638-0830

Daytime Phone #