

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030071

1. Entity Name

WORKSHOP +, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90028 020 ***150.00

Principal Place of Business

819 SW 10 AVE
MIAMI FL 33130
US

Mailing Address

819 SW 10TH AVE
MIAMI FL 33130-3613
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0653030

✓

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

MUNIZ, JOSE B
3376 CRYSTAL COURT
MIAMI FL 33133

Name

LEZCANO, JUAN R

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

1240 SW 12 ST

City

MIAMI

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/2000

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	DP	<input checked="" type="checkbox"/> Delete
NAME	MUNIZ, JOSE B	
STREET ADDRESS	3376 CRYSTAL COURT	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	LEZCANO, JUAN R.	
STREET ADDRESS	1240 SW 12 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	LEZCANO, JUAN R	
STREET ADDRESS	1214 SW 12TH COURT	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP/V/T/S/C/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEZCANO, JUAN R.	
STREET ADDRESS	1240 SW 12 ST.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/2000 305.8888180

CR2E034 (9/99)