

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

P96000030071
FILED

03 MAY -2 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000030071

1. Entity Name

WORKSHOP + , INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

819 SW 10 AVE.

Suite, Apt. #, etc.

MIAMI, FL

City & State

33130 US

Zip

Country

3. Mailing Address

819 SW 10 AVE

Suite, Apt. #, etc.

MIAMI, FL

City & State

33130 US

Zip

Country

800015495368

04/09/03--01011--002 **150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

65 0653030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LEZCANO, JUAN R.

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

2901 SOUTH BAYSHORE DRIVE #140

City

MIAMI (COCONUT GROVE) FL

Zip Code

33133

I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

JUAN R. LEZCANO PRESIDENT 4.2.2003

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
JUAN R. LEZCANO
2901 SOUTH BAYSHORE DRIVE
APT 140 MIAMI, FL 33133

TITLE
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT.

04.20.2003 305 858.8180

CR2E034B (12/02)