

2000 UNIFORM BUSINESS REPORT

DOCUMENT # P96000078673

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90029 018 ***150.00

1. Entity Name

LAKE LACAR, INC.

Principal Place of Business

1581 BRICKELL AVENUE
 SUITE 1202
 MIAMI FL 33129

Mailing Address

1581 BRICKELL AVENUE
 SUITE 1202
 MIAMI FL 33129-1237

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

65-0754760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

CARLOS HARRINGTON

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

1581 BRICKELL AVE., APT 1202

City

MIAMI

FL

Zip Code

33129

6. Name and Address of Current Registered Agent

GUERSANI-HARRINGTON, CARLOS
 1581 BRICKELL AVENUE
 SUITE 1202
 MIAMI FL 33129

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

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
 LOPRETE, HORACIO D
 1581 BRICKELL AVENUE, SUITE 1202
 MIAMI FL 33129

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ASSISTANT SECRETARY
 HARRINGTON, CARLOS
 1581 BRICKELL AVE. STE. 1202
 MIAMI, FL. 33129

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/2000