

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032173

1. Entity Name

L. B. Latin Uniforms Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -9 PM 7:02

Principal Place of Business

Mailing Address

2. Principal Place of Business

1835 W. Flagler St.

3. Mailing Address

1835 W. Flagler St.

Suite, Apt. #, etc.

STE 6

Suite, Apt. #, etc.

6

City & State

Miami

City & State

Miami, FL

Zip

FL

Country

USA

Zip

33135

Country

4. FEI Number

650744474

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lazaro Beltran
4719 N.W. 7 St
Miami, FL 33126

Name

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

City

FL

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

Lazaro Beltran - PSTD

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD,
Beltran, Lazaro
4719 N.W. 7 St.
Miami, FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003487454--1
-12/05/00--01051--009
*****558.75 *****558.75

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
V
Veliz, Daisy
4707 N.W. 7 St.
Miami, FL 33126

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STREET ADDRESS
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ 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

10/6/00

Date

(305)642-1845

Daytime Phone #

CR2E034 (9/99)