

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90013 011 \*\*\*150.00

**DOCUMENT # P97000042128**

1. Entity Name  
**LADRILLO, INC.**

Principal Place of Business      Mailing Address

**200 OCEAN LANE DR  
 STE 108  
 KEY BISCAYNE FL 33149  
 US**

**200 OCEAN LANE DR  
 STE 108  
 KEY BISCAYNE FL 33149  
 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0751728**      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**

**REISER, MARIA V  
 200 OCEAN LANE DR  
 STE 108  
 KEY BISCAYNE FL 33149**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD REISER, MARIA V 177 OCEAN LANE DRIVE SUITE 308 KEY BISCAYNE FL 33149</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARIA V. REISER**      **07/11/00**      **(305)365-3652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR21 034 01001



LADRILLO

Attachment  
D# 70W042128  
DW 71425

July 11, 2000

Florida Department Of state  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

Dear Sirs,

I am enclosing this letter to certify that we did not receive your First Notice requiring the filing fee. As per your instructions, we are sending the original amount due of \$150.00.

Thank you for your understanding regarding this matter.

Sincerely yours,

Maria V. Reiser

Maria V. Reiser