2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700068057

1. Entity Name

LAGEMAN REALTY, INC.

Principal Place of Business

Mailing Address

299 ALHAMBRA CIRCLE #319 CORAL GABLES FL 33134

299 ALHAMBRA CIRCLE #319 CORAL GABLES FL 33134-5115

2 Principal P	Nace of Rusiness	3. Mailing Address						
2. Principal Place of Business		3. Mailing Address		A COMPANY THE COSTS CONTRACTOR OF THE STATE	<u>ilok 1611) oosot ol</u> k			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE			
				4. F	65-0772878	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Required	itional	
	6. Name and Address of Current Re	gistered Agent		7. 1	Name and Address of New Registered	Agent		
	Name	Name						
ANGULO, ANA MARIA 2151 SOUTH LEJEUNE ROAD SUITE 310 CORAL GABLES FL 33134			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City		Fl	Zip Code)	
8. The above	named entity submits this statement for the	ne purpose of changing its re	egistered office or regist	ered ag	ent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable (NOTE:	Registered Agent signature requi	red when re	einstating) DATE			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		Election Campaign Financing Trust Fund Contribution. [0 May Be to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AD	DDITIONS/CHANGES TO OFFICERS AN	DIRECTORS	3 IN 11	
TITLE	D	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LAGE, EUGENIO J 299 ALHAMBRA CIRCLE #319 CORAL GABLES FL 33134		NAME STREET ADDRESS CITY-ST-ZIP		~ ~	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRÉSS		☐ Delete	TITLE NAME - STREET ADDRESS			☐ Change	Addition	

FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90389 006 ***150.00

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.

CITY-ST-ZIP

SIGNATURE: