

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072952

1. Entity Name

LANIXEN DEVELOPMENT CORPORATION

Principal Place of Business

5805 WEST 15TH COURT  
HIALEAH FL 33012

Mailing Address

5805 WEST 15TH COURT  
HIALEAH FL 33012-6262

2. Principal Place of Business

8890 SW 24th St

Suite, Apt. #, etc.

Suite 217

City & State

Miami Florida

Zip

33165

Country

USA

3. Mailing Address

8890 SW 24th St

Suite, Apt. #, etc.

Suite 217

City & State

Miami Florida

Zip

33165

Country

USA

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90002 013 \*\*\*150.00

702038



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0780945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, LAZARO  
5805 WEST 15TH COURT  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALFONSO, LAZARO	
STREET ADDRESS	5805 WEST 15TH COURT	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALFONSO, GRISEL	
STREET ADDRESS	5805 WEST 15TH COURT	
CITY-ST-ZIP	HIALEAH FL 33012	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1/5/00 (305) 207-8596  
Date Daytime Phone #

CR2E034 (9/99)