

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90105 040 ***150.00

DOCUMENT # P97000072952

1. Entity Name

LANIXEN DEVELOPMENT CORPORATION



Principal Place of Business

8890 SW 24 ST
SUITE 218
MIAMI FL 33165

Mailing Address

8890 SW 24 ST
SUITE 218
MIAMI FL 33165

2. Principal Place of Business

8890 SW 24 ST
Suite, Apt. #, etc.
213

3. Mailing Address

8890 SW 24 ST
Suite, Apt. #, etc.
213

City & State

Miami, FL

City & State

Miami, FL

Zip 33165

Country

Zip 33165

Country



☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALFONSO, LAZARO
STREET ADDRESS 5805 WEST 15TH COURT
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE SD
NAME ALFONSO, GRISEL
STREET ADDRESS 5805 WEST 15TH COURT
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

Grisel Alfonso

2/14/03

305 207-8596

Date

Daytime Phone #

CR2E034 (10/02)