## 2000.UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2000 8:00 am Secretary of State DOCUMENT # 197000073981 LA CAJA CHINA INTERNATIONAL, INC. 01-25-2000 90072 019 \*\*\*150.00 Mailing Address Principal Place of Business 921 EAST 14TH PLACE 921 EAST 14TH PLACE HIALEAH FL HIALEAH FL 33010-3341 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. Applied For City & State City & State 4. FEI Number 65-0776920 Not A Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUERRA, ROBERTO O Street Address (P.O. Box Number is Not Acceptable) 921 EAST 14TH PLACE HIALEAH 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Change TITI F TITLE **GUERRA, ROBERTO O** NAME STREET ADDRESS STREET ADDRESS 921 E 14TH PL CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Delete TITLE TITLE GUERRA, ROBERTO JR. NAME NAME STREET ADDRESS STREET ADDRESS 921 E 14TH PL CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS 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

FILED