

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90085 048 \*\*\*150.00

**DOCUMENT # P97000097469**

1. Entity Name  
**L.A.M. OF SOUTH FLORIDA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1745 SANS SOUCI BLVD. #302 NORTH MIAMI FL 33181	Mailing Address 1745 SANS SOUCI BLVD. #302 NORTH MIAMI FL 33181-3243
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2. Principal Place of Business <b>1745 SANS SOUCI BLVD</b> Suite, Apt. #, etc. <b>302</b> City & State <b>N MIAMI</b> Zip <b>33181</b>	Country <b>USA</b>	3. Mailing Address <b>1745 SANS SOUCI BLVD.</b> Suite, Apt. #, etc. <b>302</b> City & State <b>N MIAMI</b> Zip <b>33181</b>	Country <b>USA</b>
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4. FEI Number <b>65-0796041</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**MANOSALVA, LUIS A**  
**1745 SANS SOUCI BLVD, #302**  
**NORTH MIAMI FL 33181**

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 \_\_\_\_\_ 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	MANOSALVA, LOUIS ALBERTO 1745 SANS SOUCI BLVD, #302 NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE <b>DV</b>	AYALA, AURURA 1745 SANS SOUCI BLVD, #302 NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE <b>DV</b>	GUTIERREZ, LUIS H 1745 SANS SOUCI BLVD., #302 NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<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 148.07(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: *Luis Manosalva* **RECEIVED** **04-18-00** / **(305) 892-8946**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE034 (9/99)