

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90205 001 \*\*\*150.00

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**DOCUMENT # P97000097469**

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



Principal Place of Business  
**1745 SANS SOUCI BLVD. #302  
NORTH MIAMI FL 33181**

Mailing Address  
**1745 SANS SOUCI BLVD. #302  
NORTH MIAMI FL 33181**

2. Principal Place of Business  
**1745 SANS SOUCI BLVD**

3. Mailing Address  
**1745 SANS SOUCI BLVD**

Suite, Apt. #, etc.  
**302**

Suite, Apt. #, etc.  
**302**

City & State  
**N MIAMI FL**

City & State  
**N MIAMI FL**

Zip  
**33181**

Country  
**EE 44.**

Zip  
**33181**

Country  
**EE 44**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0796041**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	MANOSALVA, LOUIS ALBERTO		
1745 SANS SOUCI BLVD, #302	1745 SANS SOUCI BLVD, #302		
NORTH MIAMI FL 33181	NORTH MIAMI FL 33181		
DV	AYALA, AURORA		
1745 SANS SOUCI BLVD, #302	1745 SANS SOUCI BLVD, #302		
NORTH MIAMI FL 33181	NORTH MIAMI FL 33181		
DV	GUTIERREZ, LUIS H		
1745 SANS SOUCI BLVD., #302	1745 SANS SOUCI BLVD., #302		
NORTH MIAMI FL 33181	NORTH MIAMI FL 33181		

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-03

305 892 8946

Date

Daytime Phone #

CR2E034 (10/02)