

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009242

1. Entity Name
LIGHTHOUSE PLAZA, INC.



Principal Place of Business
7200 NW 7TH STREET
MIAMI FL 33126

Mailing Address
7200 NW 7TH STREET
MIAMI FL 33126

03 SEP -9 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
299 ALHAMBRA CR.

3. Mailing Address
299 ALHAMBRA CR.

Suite, Apt. #, etc.
SUITE 405

Suite, Apt. #, etc.
SUITE 405

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number
65-0812077

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAMOS, LISA G
7200 NW 7TH STREET
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
LOUIS O. GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)
299 ALHAMBRA CIRCLE #405
SUITE 405
City CORAL GABLES FL Zip Code 33134

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]* LOUIS O. GONZALEZ 9/8/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 D
NAME GONZALEZ, LOUIS O
STREET ADDRESS 7200 NW 7TH STREET
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE D
NAME GONZALEZ, IRIS J
STREET ADDRESS 7200 NW 7TH STREET
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME GONZALEZ, LOUIS O, ☒ Change ☐ Addition
STREET ADDRESS 299 ALHAMBRA CR #405
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DST
NAME GONZALEZ, LOUIS O, ☒ Change ☐ Addition
STREET ADDRESS 299 ALHAMBRA CR. #405
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300022883293
09/09/03--01059--003 **550.00

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

TITLE
NAME
STREET ADDRESS
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]* LOUIS O. GONZALEZ 9/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0037726 AV

CR2E034 (4/03)