

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90020 048 \*\*\*150.00

**A0068606**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P 98000013201

**1. Entity Name**  
 LAGO GROUP, CORP

**Principal Place of Business**  
 12983 SW 112 ST  
 MIA FL 33186

**Mailing Address**  
 7817 NW 72 AVE  
 MEDLEY FL 33166

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**4. FEI Number** 65-0810897

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAZCANO ROSARIO  
 7817 NW 72 AVE  
 MEDLEY FL 33166

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.** ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** PD **NAME** GORDILLO MARIAT ☐ Delete  
**STREET ADDRESS** 7817 NW 72 AVE  
**CITY-ST-ZIP** MEDLEY FL 33166

**TITLE** TD **NAME** LAZCANO ROSARIO ☐ Delete  
**STREET ADDRESS** 7817 NW 72 AVE  
**CITY-ST-ZIP** MEDLEY FL 33166

**TITLE** ☐ Delete  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

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**TITLE** ☐ Delete  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

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

**TITLE** ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

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**TITLE** ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **GORDILLO MARIAT T.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (9/99)