

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015561

1. Entity Name

Lafa, Inc.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90052 023 ***150.00

Principal Place of Business

670 ALLENDALE ROAD, KEY BISCAYNE
MIAMI FL 33149-2011
US

Mailing Address

670 ALLENDALE ROAD, KEY BISCAYNE
MIAMI FL 33149-2428
US

2. Principal Place of Business

766 CURTISWOOD DRIVE
Suite, Apt. #, etc.

3. Mailing Address

766 CURTISWOOD DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Key Biscayne FL.

City & State

Key Biscayne FL.

4. FEI Number

65-0813082

Applied For

Not Applicable

Zip

33149

Country

MIAMI-DADE

Zip

33149

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PABLO BAYONA, JUAN
670 ALLENDALE ROAD
KEY BISCAYNE
MIAMI FL 33149-2011

Name

Street Address (P.O. Box Number is Not Acceptable)

766 CURTISWOOD DRIVE

City

Key Biscayne

FL

Zip Code
33149

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BAYONA, JUAN PABLO	
STREET ADDRESS	670 ALLENDALE ROAD	
CITY-ST-ZIP	KEY BISCAYNE, MIAMI FL 33149-2011	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	LUCIONI, MARCO	
STREET ADDRESS	670 ALLENDALE ROAD	
CITY-ST-ZIP	KEY BISCAYNE, MIAMI FL 33149-2011	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTERA, ANDY	
STREET ADDRESS	670 ALLENDALE ROAD	
CITY-ST-ZIP	KEY BISCAYNE, MIAMI FL 33149-2011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	766 CURTISWOOD DRIVE
CITY-ST-ZIP	KEY BISCAYNE FL. 33149
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	766 CURTISWOOD DRIVE
CITY-ST-ZIP	KEY BISCAYNE FL. 33149
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Altene, Andy
STREET ADDRESS	766 CURTISWOOD DRIVE
CITY-ST-ZIP	KEY BISCAYNE FL. 33149
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)