

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State
 02-03-2001 90017 032 ***150.00

DOCUMENT # P98000015561

1. Entity Name

Lafa, Inc.

Principal Place of Business

**766 CURTISWOOD DRIVE
 MIAMI FL 33149-2011
 US**

Mailing Address

**766 CURTISWOOD DRIVE
 MIAMI FL 33149-2011
 US**

2. Principal Place of Business

240 GRANDON BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

220

City & State

KEY BISCAYNE FL.

City & State

Zip

Country

Zip

MIAMI-DADE

Zip

Country

4. FEI Number

65-0813082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAYONA, JUAN PABLO
 766 CURTISWOOD DRIVE
 KEY BISCAYNE FL 33149-2011**

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

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, 2001 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	<input type="checkbox"/> Delete
NAME	BAYONA, JUAN PABLO	
STREET ADDRESS	766 CURTISWOOD DR	
CITY-ST-ZIP	KEY BISCAYNE, MIAMI FL 33149-2011	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LUCIONI, MARCO	
STREET ADDRESS	766 CURITS WOOD DR	
CITY-ST-ZIP	KEY BISCAYNE, MIAMI FL 33149-2011	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABALDONI, KARLA	
STREET ADDRESS	766 CURITSWOOD DR	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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

**JUAN PABLO BAYONA
 PRES.**

1-23-01

Date

Daytime Phone #

(305) 423-4262

CR2E034 (10/00)