

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017165

1. Entity Name

C. LAMAS CORPORATION

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90037 019 ***150.00

Principal Place of Business

Mailing Address

100 S.E. 1ST ST.
#55
MIAMI FL 33131

100 S.E. 1ST ST.
#55
MIAMI FL 33131-1032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0817744

Applied For

Not Applicable

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

ARAUJO, MARIA C
100 S.E. 1ST ST.
#55
MIAMI FL 33131

Name IRAN S. DE ARAUJO

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

1648 NOC-A-TEE DR.

City COCONUT GROVE

FL

Zip Code 33133

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

IRAN S. DE ARAUJO.

MAR 07 2000

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 PDAR
NAME ARAUJO, MARIA C
STREET ADDRESS 100 S.E. 1ST ST.
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE D
NAME DE ARAUJO, IRAN S
STREET ADDRESS 1648 NOC-A-TEE DR
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ 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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PDAR
NAME DE ARAUJO, IRAN S
STREET ADDRESS 1648 NOC-A-TEE DR.
CITY-ST-ZIP COCONUT GROVE FL 33133 ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 #

MAR 07 2000

(305) 373-6934

CR2000034 10/00