

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90009 023 ***150.00

DOCUMENT # P98000019408

1. Entity Name

LLANES & COMPANY, INC.

Principal Place of Business

Mailing Address

100 KINGS POINT DR.
 1102
 SUNNY ISLE FL 33160

P.O. BOX 5805
 SURFSIDE FL 33154

2. Principal Place of Business

3. Mailing Address

1401 Bay Rd.

PO Box 5805

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

City & State

Miami Beach FL

City & State

Surfside FL

Zip

33139

Country

Dade

Zip

33154

Country

4. FEI Number

65-0823505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LLANES, O. ANDRES

15901 COLLINS AVE., #208
 MIAMI BEACH FL 33160

Name

O Andres L Lanes

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

1401 Bay Rd. Suite 401

City

Miami Beach

FL

Zip Code

33139

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 ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 LLANES, O. ANDRES
 15901 COLLINS AVE., #208
 MIAMI BEACH FL 33160

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MORALES, ELSA
 15901 COLLINS AVE., #208
 MIAMI BEACH FL 33160

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 Llanes, O Andres
 1401 Bay Rd. Suite 401
 Miami Beach, FL 33139

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Morales, Elsa
 1401 Bay Rd. Suite 401
 Miami Beach, FL 33139

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/01 305
 915 0245

CR2E034 (10/00)