

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024269

1. Entity Name

LAHRSEN DARWICH GROUP, INC.

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90067 050 ***150.00

Principal Place of Business

600 BRICKELL AVENUE
SUITE 706
MIAMI FL 33131

Mailing Address

600 BRICKELL AVENUE
SUITE 706
MIAMI FL 33131

2. Principal Place of Business

600 BRICKELL AVE

Suite, Apt. #, etc.

706

City & State

MIAMI, FL

Zip 33131

Country USA

3. Mailing Address

600 BRICKELL AVE

Suite, Apt. #, etc.

706

City & State

MIAMI, FL

Zip 33131

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0820944

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

LAHRSEN, CARLOS F
600 BRICKELL AVENUE
SUITE 706
MIAMI FL 33131

Name CARLOS F. LAHRSEN

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

600 BRICKELL AVENUE

SUITE 706

City MIAMI

FL

Zip 33131

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

02-07-00

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	P	<input type="checkbox"/> Delete
NAME	LAHRSEN, CARLOS	
STREET ADDRESS	600 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAHRSEN, FELIPE	
STREET ADDRESS	600 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILLERMO LAHRSEN	
STREET ADDRESS	600 BRICKELL AVENUE 706	
CITY-ST-ZIP	MIAMI, FL. 33131	
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		
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

02-07-00

Date

305-358-8952

Daytime Phone #

CR2E034 (9/99)