

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028643

1. Entity Name

LAUSA IMPORT & EXPORT, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90091 015 ***550.00

Principal Place of Business

14343 SW 146TH AVE.
 MIAMI FL 33186

Mailing Address

14343 SW 146TH AVE.
 MIAMI FL 33186

2. Principal Place of Business

14343 SW 146 AVE

3. Mailing Address

14343 SW 146 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mia, FL

City & State

Mia, FL

4. FEI Number

65-0821019

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

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

ACOSTA, INGRID E
 8004 S.W. 149TH AVENUE, #412
 MIAMI FL 33193

14343 SW 146 AVE
 Mia, FL 33186

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

Ingrid Acosta INGRID ACOSTA

7-20-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PS
 NAME ACOSTA, INGRID E
 STREET ADDRESS 8004 S.W. 149TH AVENUE, #412
 CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE ACOSTA, INGRID E
 NAME ACOSTA, INGRID E
 STREET ADDRESS 14343 SW 146 AVE
 CITY-ST-ZIP Mia, FL 33186 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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:

Ingrid Acosta INGRID ACOSTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-00

Date

(305) 252-7596

Daytime Phone #

CR2E034 (5/00)