

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91341 021 \*\*\*150.00

DOCUMENT # **998000063305**

1. Entity Name  
**LA. SERVICES U.S.A. INC**

Principal Place of Business Mailing Address

**7295 W FLAGLER ST**  
**MIAMI FL 33144**

2. Principal Place of Business **SAME AS ABOVE** 3. Mailing Address **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Fed Number **65-0910976** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARIA LARA**  
**10621 SW 146 Place**  
**MIAMI FL 33144**

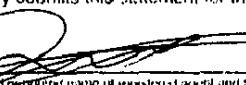
7. Name and Address of New Registered Agent

Name **ROBERT VILLAVICENCIO**

Street Address (P.O. Box Number is Not Acceptable)  
**7295 W FLAGLER ST**

City **MIAMI** FL Zip Code **33144**

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  **ROBERT VILLAVICENCIO**

Signature of current registered agent and title if applicable (If title, completed Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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**

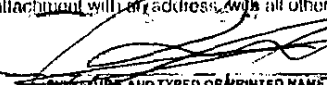
11. OFFICERS AND DIRECTORS

|                                                  |                                                                                                          |                                 |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>PRESIDENT</b><br><b>MARIA LARA</b><br><b>1036 NW 164 AVE</b><br><b>PENARROKE PINES FL 33028</b>       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>VICEPRESIDENT</b><br><b>ROBERT VILLAVICENCIO</b><br><b>7295 W FLAGLER ST</b><br><b>MIAMI FL 33144</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                          | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                  |                                                                                                        |                                                                              |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>PRESIDENT</b><br><b>ROBERT VILLAVICENCIO</b><br><b>7295 W FLAGLER ST</b><br><b>MIAMI FL 33144</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>VICEPRESIDENT</b><br><b>MARIA LARA</b><br><b>1036 NW 164 AVE</b><br><b>PENARROKE PINES FL 33028</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> 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  **ROBERT VILLAVICENCIO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **04-20-01** Daytime Phone # **305-260-0201**

CR2E034 (1/00)