

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099376

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90120 045 \*\*\*150.00

**LAGOS Y VOLCANES CORP.**

Principal Place of Business Mailing Address  
 1278 W FLAGLER ST 1278 W FLAGLER  
 MIAMI, FL 33135 MIAMI, FL 33135

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0899995 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
 ALVARENGA MARIA A  
 1278 W FLAGLER ST  
 MIAMI, FL 33135

7. Name and Address of New Registered Agent  
 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 *Maria Alvarenga S* 4/20/01  
 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 NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 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: *Maria Alvarenga S* 4/20/01 (305) 541-5153  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #