

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005714

1. Entity Name
THE LIRA GROUP CORP.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90002 026 ***158.75

Principal Place of Business C/O CARLOS M. PAZOS 10840 S.W. 113TH PLACE MIAMI FL 33176	Mailing Address C/O CARLOS M. PAZOS 10840 S.W. 113TH PLACE MIAMI FL 33176-3227
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5700 COLLINS AVE Suite, Apt. #, etc. 3K City & State MIAMI BEACH, FL Zip 33140	Country USA	3. Mailing Address 5700 COLLINS AVE. Suite, Apt. #, etc. 3K City & State MIAMI BEACH FL Zip 33140	Country USA
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAZOS, CARLOS M
10840 S.W. 113TH PLACE
MIAMI FL 33176

7. Name and Address of New Registered Agent
Name **RAUL MOLLERA**
Street Address (P.O. Box Number is Not Acceptable)
5700 COLLINS AVE.
3K
City **MIAMI BEACH, FL** Zip Code **33140**

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 *Raul Mollera* **RAUL MOLLERA** DATE **2/2/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D MOLLERA, L. RAUL 10840 S.W. M. PAZOS MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MOLLERA, L. RAUL 5700 COLLINS AVE 3K MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLLERA, LIZETTE 10840 S.W. M. PAZOS MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MOLLERA, LIZETTE 5700 COLLINS AVE 3K MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Lizette Mollera* **LIZETTE MOLLERA** DATE **2/2/00** DAYTIME PHONE # **(305) 591-8370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)