

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90056 005 \*\*\*550.00

**DOCUMENT # P99000022989**

1. Entity Name

**LONGICONSLT, INC.**



Principal Place of Business

Mailing Address

5284 NW 114TH AVE., #102  
MIAMI FL 33178

5284 NW 114TH AVE., #102  
MIAMI FL 33178-3596

00083146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5572 NW 114 AV. #110

5572 NW 114 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#110

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33178 USA

33178 USA

4. FEI Number

65-0903884

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

MERINO, EDUARDO  
5284 NW 114TH AVE., #102  
MIAMI FL 33178

Name EDUARDO MERINO

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

5572 NW 114 AV. #110

City MIAMI

FL

Zip Code 33178

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

EDUARDO MERINO

(NOTE: Registered Agent signature required when reinstating)

08/30/00

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, 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 PD  
NAME MERINO, EDUARDO  
STREET ADDRESS 5284 NW 114TH AVE., #102  
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE SD  
NAME HERNANDEZ, LUIS  
STREET ADDRESS 5284 NW 114TH AVE., #102  
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

EDUARDO MERINO

Date

Daytime Phone #

08/30/00 (305) 594-4011

CR2F034 (9/99)