

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024771

i. Entity Name

LEX-MAR DEVELOPERS CORP.

FILED

May 24, 2000 8:00 am  
Secretary of State

05-03-2000 90034 032 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

P.O. Box 40-3730  
Suite, Apt. #, etc.P.O. Box 40-3730  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Miami Beach, FL

Zip 33140-1730

Country U.S.

City &amp; State

Miami Beach, FL

Zip 33140-1730

Country U.S.

4. FEI Number

65-0905533

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

VALIENTE, MARIA

Name

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

5555 COLLINS AVE. #11E

Miami Beach, FL 33140

City

FL

Zip Code

33140-1730

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.

(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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

**Pres.**  
 TITLE NAME MARIA VALIENTE ☐ Delete  
 STREET ADDRESS 5555 COLLINS AVE #11E  
 CITY-ST-ZIP Miami Beach, FL 33140

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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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  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2000

Date

(305) 688-0666

Daytime Phone #

CR2E034 (9/99)