## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **P99000029735** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name LEMSUS CONSULTANTS INC. 04-25-2000 90010 016 \*\*\*150.00 Principal Place of Business Mailing Address 13241 SW 54TH ST 13241 SW 54TH ST MIAMI FL 33175-6101 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address 101 AUE 1310 SW 1310 SW 101 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State LIAMI, FI City & State Applied For 65-0910578 MIAMI Not Applicable Country ) SA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lamos Lemay RAMOS, LEMAY Street Address (P.O. Box Number is Not Acceptable) 13241-SW 54TH ST MIAMI FL 33175 ---1310 SW 101 8. The above named entity submite this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, PD PD Addition **™** Change TITLE TITLE ☐ Delete RAMOS, LEMAY RAMOS, LEMAY NAME NAME 1310 SW 101 AUE 13241 SW 54TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP MIAMI, FL 33174 Change ☐ Addition TITLE TITLE ☐ Delete RAMOS, SUSANA RAMOS, SUSANA NAME 1310 500 101 AVE 13241 SW 54TH ST STREET ADDRESS STREET ADDRESS: Misni, FL 33174 C!TY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 of 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 withyan address, with all other like empowered.