

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90141 022 ***150.00

DOCUMENT # P99000038480

1. Entity Name

LAHENS & ASSOCIATES, CO.

Principal Place of Business

8500 S.W. 15TH TERRACE
MIAMI FL 33144

Mailing Address

8500 S.W. 15TH TERRACE
MIAMI FL 33144

2. Principal Place of Business

14452 NW 88TH PLACE

3. Mailing Address

14452 NW 88TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0914607

Applied For

Not Applicable

Zip

Country

33016

USA.

Zip

Country

33016

USA.

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

GARCIA, MARIA E

8500 S.W. 15TH TERRACE
MIAMI FL 33144

14452 NW 88TH PLACE
MIAMI, FL. 33016.

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVD	<input type="checkbox"/> Delete
NAME	GARICA, MARIA E	
STREET ADDRESS	8500 S.W. 15TH TERRACE	14452 NW 88 PLACE
CITY-ST-ZIP	MIAMI FL 33144	MIAMI, FL. 33016
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARICA, MARIA E	
STREET ADDRESS	8500 S.W. 15TH TERRACE	14452 NW 88 PLACE
CITY-ST-ZIP	MIAMI FL 33144	MIAMI, FL. 33016
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/19/2001

Date

(305) 698-2380

Daytime Phone #

CR2E034 (10/00)