2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900039072

1. Entity Name

LLANGANATES TREASURES, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 MENORES AVENUE SUITE 1 CORAL GABLES FL 33134

SIGNATURE: _

25 MENORES AVENUE SUITE 1 CORAL GABLES FL 33134-4142

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90147 026 ***150.00

2. Principal Place of Business 3. Mailing Address 15.15 SAN REMO BU 15.15 SAN REMO BU								
Suite, Apt. #, etc. APT E8 APT E8			<u></u>		DO NOT WRIT	E IN THIS SPACE		
City & State CORAL GABLES - FC CORAL GABLES				4.	FEI Number 65 - 09/5/3/		Applied For Not Applicable	
Zip 3 <u>3146</u>	Country USA	33146	Country USA		Certificate of Status Desired	\$8.75 A		
	6. Name and Address of Current R	egistered Agent	Name	75	Name and Address of New R			
Granja Varas, Ximena a 25 menores avenue suite 1 Coral Gables FL 33134				Street Address (P.O. Box Number is Not Acceptable) 1515 SAN REMO AU. APT E8 City CORAL GABLES FL 33146				
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 diregistered 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!!! F After MAY 1, 2000 F Make Check Payable to			Fee will be \$5	e will be \$550.00 Trust Fund C				
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Granja Varas, Ximena a 25 menores avenue suite 1 Coral Gables Fl 33134	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	ge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANJA DE ARROYO, VERONIC, 25 MENORES AVENUE SUITE 1 CORAL GABLES FL 33134	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1515	A DE APROYO, UERI SAN REMO AUGNU GABLES 3314	e apt ex		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMORA, WALTER ARROYO 25 MENORES AVENUE SUITE 1 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARROYO	O ZAMORA, WALTER SAN REMO AUGNUM GABLES 33/40	₩ Chang	e Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		manager and the second	☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	ge Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment withyan address, w	true and accurate and that my wered to execute this report as	/ Signature Shall n	iave ide sam	e legal ellectas il mage unger	uain, inai i ain an uni	cer or unector in	