

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040005

1. Entity Name

LASO MARSETTI CREATIVE CORP.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90016 006 ***150.00

821245



DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business 270 N.W. 86TH PLACE MIAMI FL 33126 | Mailing Address 270 N.W. 86TH PLACE MIAMI FL 33126-6827 |
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|---------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business 10320 SW 112 ST | 3. Mailing Address Suite, Apt. #, etc. |
|---------------------------------------------------|-------------------------------------------|

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|---------------------------------|----------------|
| City & State MIAMI - FLORIDA | City & State |
| Zip 33176 | Country USA |

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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0925568 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CAREAGA, VICTOR A ESQ. 2151 LEJUNE RD., STE.200 CORAL GABLES FL 33134 |
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| 7. Name and Address of New Registered Agent Name LEONARDO LASO Street Address (P.O. Box Number is Not Acceptable) 10320 SW 112 ST City MIAMI FL Zip Code 33176 |
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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 DATE 01/04/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LASO, LEONARDO 4455 N.W. 73RD. AVE., BLDG.230-UNIT 14 MIAMI FL 33166 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST MARSETTI, PATRICIA 4455 N.W. 73RD. AVE., BLDG.230-UNIT 14 MIAMI FL 33166 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.LASO, LEONARDO <input type="checkbox"/> Change <input type="checkbox"/> Addition 10320 SW 112 ST MIAMI, FL, 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST MARSETTI, PATRICIA 10320 SW 112 ST MIAMI, FL 33176 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, or other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
07/03/2000 305-2346046
Date Daytime Phone #

CR2E034 (9/99)