

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000043830** ✓

1. Entity Name

L.C.M. INTERNATIONAL GROUP, CORP.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90032 025 ***158.75

Principal Place of Business

**5207 NW 74TH AVE.
MIAMI, FL 33166
US**

Mailing Address

**5207 NW 74TH AVE.
MIAMI, FL 33166
US**

2. Principal Place of Business

8025 NW 36TH ST.

3. Mailing Address

8025 NW 36TH ST.

Suite, Apt. #, etc.

#304

Suite, Apt. #, etc.

#304

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0921120

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

715126

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RIOS, LEOPALDO
1800 WEST 49TH AVE.
SUITE 207
HIALEAH, FL. 33012**

7. Name and Address of New Registered Agent

Name

ARISSO, MANUEL

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

7294 NW 8TH ST

City

MIAMI

FL

Zip Code

33126

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

Manuel Arisso

Manuel Arisso

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/25/000

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 State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**PTD
NAME MISLE, LILUIS C
STREET ADDRESS 5207 NW 74TH AVE
CITY-ST-ZIP MIAMI, FL. 33166**

TITLE ☐ Delete

**VP
NAME SOSA, PEDRO
STREET ADDRESS 5207 NW 74TH AVE
CITY-ST-ZIP MIAMI, FL 33166**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

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**NAME
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CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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

PEDRO SOSA

01/25/000

Date

Daytime Phone #

CR25034 (9/00)