

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91637 002 \*\*\*150.00

**DOCUMENT #** P99000053363

**1. Entity Name**  
 LAS VEGAS, INC.

**Principal Place of Business**  
 333 ARTHUR GODFREY  
 SUITE 600  
 MIAMI FL 33140

**Mailing Address**  
 ONE ALHAMBRA PLAZA  
 SUITE 1415  
 MIAMI FL 33134



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 15 WEST STAR Island Dr.  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 15 WEST STAR Island Dr.  
 Suite, Apt. #, etc.

**City & State**  
 Miami Beach, FL

**City & State**  
 Miami Beach, FL

**Zip**  
 33139

**Country**  
 Dade

**Zip**  
 33139

**Country**  
 Dade

**4. FEI Number** 65-0937249

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 INTRASTATE REGISTERED AGENT CORPORATION  
 701 BRICKELL AVENUE  
 SUITE 3000  
 MIAMI FL 33131

**7. Name and Address of New Registered Agent**  
 Name: AMARILIS MORAN OSORIO  
 Street Address (P.O. Box Number is Not Acceptable): 15 WEST STAR Island Dr.  
 City: Miami Beach FL Zip Code: 33139

**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** AMARILIS MORAN OSORIO *[Signature]* **DATE** 05/01/02

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, 2002 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	<input type="checkbox"/> Delete
DPT	OSORIO, AMARILIS MORAN	15 WEST STAR ISLAND DRIVE	MIAMI FL 33139	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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, with all other like empowered.**

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** AMARILIS MORAN O. 05/01/02 (305) 588-1722

**Date** **Daytime Phone #**

CR2E034 (9/01)