

2000 UNIFORM BUSINESS REPORT (UBR)

71

FILED
Aug 29, 2000 8:00 am
Secretary of State

07-25-2000 90006 050 ***558.75

DOCUMENT # P99000057846

1. Entity Name

LA INTEGRAL IMPORT & EXPORT, INC.

Principal Place of Business

1803 N. JOG ROAD
 APT 107
 WEST PALM BEACH FL 33411

Mailing Address

1803 N. JOG ROAD
 APT 107
 WEST PALM BEACH FL 33411

2. Principal Place of Business

9020 NW 8th ST

3. Mailing Address

9020 NW 8th ST

Suite, Apt. #, etc.

STE. #215

Suite, Apt. #, etc.

STE #215

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

P99000057846 #65-0930176

Applied For

Not Applicable

Zip

33172

Country

DADE

Zip

33172

Country

DADE

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

- VEGA, CARLOS G -
 1803 N. JOG ROAD
 APT 107
 WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

VEGA, CARLOS G

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

9020 NW 8th STREET STE #215

City

MIAMI

FL

Zip Code

33172

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSD	<input type="checkbox"/> Delete
NAME	VEGA, CARLOS G	
STREET ADDRESS	1803 N. JOG ROAD	
CITY-ST-ZIP	WEST PALM BEACH F; 33411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEAL, JOSE A JR	
STREET ADDRESS	1803 N. JOG ROAD	
CITY-ST-ZIP	WEST PALM BEACH F; 33411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEAL, JOSE A	
STREET ADDRESS	1803 N. JOG ROAD	
CITY-ST-ZIP	WEST PALM BEACH F; 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Carlos Vega DIRECTOR

July 20, 2000

(305) 227-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

001-241-2320