

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060068

1. Entity Name

LAKES OF THE NORTH, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90048 011 ***150.00

Principal Place of Business

Mailing Address

782 NORTHWEST 42ND AVENUE
SUITE 630
MIAMI FL 33126

782 NORTHWEST 42ND AVENUE
SUITE 630
MIAMI FL 33126-5547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0952242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL, HOWARD J
ONE DATRAN CENTER, SUITE 1701
9100 SOUTH DADELAND BOULEVARD
MIAMI FL 33156

Name **ANTONIO A. GONZALES**

Street Address (P.O. Box Number is Not Acceptable)
782 NW 42 AVE, STE. 630

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ANTONIO A. GONZALES

01/14/00

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

PRESIDENT, DIRECTOR
ANTONIO A. GONZALES
782 NW 42 AVE #630
MIAMI, FL 33126

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO A. GONZALES

Date

Daytime Phone #

01/14/00

(305) 445-9855

CR2E034 (9/99)