## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000074967 1. Entity Name LAGO CARIBE ENTERPRISES, INC. 04-23-2001 90222 024 \*\*\*150.00 Principal Place of Business Mailing Address 21313 SONESTA WAY 21313 SONESTA WAY **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 1580 NW. 2ND. 2ND. 1580 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0951741 Raton Boca Not Applicable Country \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent orres H<u>enao</u> TORRES, FABIO HENAO Street Address (P.O. Box Number is Not Acceptable) 21313 SONESTA WAY **BOCA RATON FL 33433** Zip Code **33**432 8. The above named, Intity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Change ■ Addition TITLE ☐ Delete TITLE TORRES, FABIO HENAO NAME NAME STREET ADDRESS STREET ADDRESS 21313 SONESTA WAY CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33433** TITLE ☐ Change ☐ Addition □ Delete TITLE NAME MOLERO HENAO, ROSA LINA NAME STREET ADDRESS STREET ADDRESS 21313 SONESTA WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Defete TITLE ☐ Addition TITLE HENAO MOLERO, ROBERTO FABIO NAME NAME STREET ADDRESS STREET ADDRESS 21313 SONESTA WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE ☐ Delete TITLE ☐ Change Addition HENAO MOLERO, ALEJANDRO JOSE NAME NAME STREET ADDRESS STREET ADDRESS 21313 SONESTA WAY CITY-ST-ZIP CITY+ST-ZIP **BOCA RATON FL 33433** ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Destrict Phone #