

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90087 004 ***150.00

DOCUMENT # P99000074967

1. Entity Name
LAGO CARIBE ENTERPRISES, INC.

Principal Place of Business

1580 NW 2ND AVE

#3

BOCA RATON FL 33432

Mailing Address

1580 NW 2ND AVE

#3

BOCA RATON FL 33432

2. Principal Place of Business

Lucy Drive

Suite, Apt. #, etc.

14660

City & State

Delray Beach, FL

Zip

33484

Country

USA

3. Mailing Address

Lucy Drive

Suite, Apt. #, etc.

14660

City & State

Delray Beach, FL

Zip

33484

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0951741

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TORRES, FABIO HENAO

1580 NW 2ND AVE #3

BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Henao Torres, Fabio

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

14660

Lucy Drive

City

Delray Beach

FL

Zip Code

33484

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 \$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 **PD** ☐ Delete
 NAME **TORRES, FABIO HENAO**
 STREET ADDRESS **21313 SONESTA WAY**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **STD** ☐ Delete
 NAME **MOLERO HENAO, ROSA LINA**
 STREET ADDRESS **21313 SONESTA WAY**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VD** ☐ Delete
 NAME **HENAO MOLERO, ROBERTO FABIO**
 STREET ADDRESS **21313 SONESTA WAY**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VD** ☐ Delete
 NAME **HENAO MOLERO, ALEJANDRO JOSE**
 STREET ADDRESS **21313 SONESTA WAY**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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 **PD** ☒ Change ☐ Addition
 NAME **Henao Molero, Roberto**
 STREET ADDRESS **14660 Lucy Drive**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **STD** ☒ Change ☐ Addition
 NAME **Molero Henao, Rosalina**
 STREET ADDRESS **14660 Lucy Drive**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Torres Henao, Fabio**
 STREET ADDRESS **14660 Lucy Drive**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Henao Molero, Alejandro**
 STREET ADDRESS **14660 Lucy Drive**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FABIO HENAO

2/17/02

Date

(561) 499-0382

Daytime Phone #

CR2E034 (9/01)