

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077257

1. Entity Name

LA GUARDIA GROUP, INC.

Principal Place of Business

11830 SW 40TH ST
MIAMI FL 33175

Mailing Address

11830 SW 40TH ST
MIAMI FL 33175-3532

2. Principal Place of Business

11830 SW 40th St

Suite, Apt. #, etc.

3. Mailing Address

11830 SW 40th St

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33175

Country

Dade

Zip

33175

Country

Dade

4. FEI Number

650951200

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA GUARDIA, PATRICIO D
1179 NW 124TH PLACE
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME DE LA GUARDIA, PATRICIO
STREET ADDRESS 1179 NW 124TH PLACE
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE VD
NAME BUSTAMANTE, RENE
STREET ADDRESS 9840 S.W. 20TH ST
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE SD
NAME FOJO, MONICA
STREET ADDRESS 1179 NW 124TH PLACE
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE TD
NAME BUSTAMANTE, ROCIO
STREET ADDRESS 9840 SW 20TH ST
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90064 014 ***150.00

C0003487



DO NOT WRITE IN THIS SPACE

1-7-2000 305-2265332