

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082190

1. Entity Name

LEDO MARKETING SOLUTION, INC.

FILED

Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90018 005 ***158.75

Principal Place of Business

15 SALAMANCA AVE., STE. 4
CORAL GABLES FL 33134

Mailing Address

15 SALAMANCA AVE., STE. 4
CORAL GABLES FL 33134-4126

2. Principal Place of Business

SAME

3. Mailing Address

P.O. BOX

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Coral Gables, FL

Zip

Country

Zip
33114-4126

Country

USA

4. FEI Number

65-0949651

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

ALONSO, DOMINGO
15 SALAMANCA AVE., STE. 4
CORAL GABLES FL 33134

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.

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GARCIA, LUPE
STREET ADDRESS 15 SALAMANCA AVE., STE. 4
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE VD
NAME ALONSO, DOMINGO
STREET ADDRESS 15 SALAMANCA AVE., STE. 4
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE VD
NAME Anna Maria Alonso
STREET ADDRESS 15 Salamanca
CITY-ST-ZIP Coral Gables - FL 33134

☐ Change ☒ Addition

TITLE SD
NAME Sixto A. Alonso
STREET ADDRESS 283 Shawmut Ave
CITY-ST-ZIP Boston, MA, 02118

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

LUPE E. GARCIA, President

Date

Daytime Phone #

331-00

CR2E034 (9/99)