2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE:

FILED Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P99000083592 1. Entity Name LASIMEX 2000, INC. 08-17-2000 90101 010 ***160.00 Principal Place of Business Mailing Address 4303 FAWN CIRCLE 4303 FAWN CIRCLE **TAMPA FL 33610 TAMPA FL 33610** nan79691 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARDIEU, FRANCOIS Street Address (P.O. Box Number is Not Acceptable) 4303 FAWN CIRCLE **TAMPA FL 33610** 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 12 11. ☐ Addition ☐ Change ☐ Delete TITLE Daniel, Gary S NAME NAME STREET ADDRESS 708 KINGSWOOD LP STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP DUBOIS, PIERRE JACQUEIN Change 6708 SHADEVILLE LANE Apt 232 Delete TITLE TITLE 5 PARDIEU, MARIE-ANGE NAME STREET ADDRESS 4303 FAWN CIRCLE STREET ADDRESS TAMPA, FL 33610-2426 CITY-ST-ZIE CITY-ST-ZIP TAMPA FL 33610 ☐ Addition ☐ Delete TITLE TITLE PARDIEU. FRANCOIS NAME NAME STREET ADDRESS 4303 FAWN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33610** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 papter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if



LASIMEX 2000, Inc. 4915 N. 34th Street S# A

Tampa, Fl 33610

Tel.: (813) 232-6233

Fax: (813) 232-8628

8/6/00

Florida Dept. of State Division of Corporation

To Whom It May Concern,

Lasimex 2000, Inc. would like to let you know that it had not received any other report form prior to this one. Lasimex 2000, Inc. would have complied as the State regulation requires it if such form was received on time.

Thank you for your understanding.

President-