

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

(2)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90069 039 ***150.00

DOCUMENT # **P99000098787** ✓

1. Entity Name

LANFER INVESTMENTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2565 NW 87TH DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2565 NW 87TH DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL 33065

City & State

CORAL SPRINGS, FL 33065

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

65-0992252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MESA, MANUEL ARTHUR ESQ

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

37TH FLOOR, NATIONSBANK TOWER

100-SOUTHEAST 2ND DRIVE

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FERNANDEZ, CARLOS, E
2565 NW 87TH DR
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANDA, RAFAEL, I
2565 NW 87TH DR.
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANDA, GUILLERMO J
2565 NW 87TH DR.
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Guillermo Landa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02

Date

954-341-2093

Daytime Phone #

CR2E034B (12/01)