

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/25

FILED

Apr 24, 2000 8:00 am  
Secretary of State

02-29-2000 90122 043 \*\*\*\*\*8.75  
04-24-2000 90300 006 \*\*\*141.25

DOCUMENT # P99000105846

1. Entity Name  
LA SURENA CORPORATION

Principal Place of Business

518 HIALEAH DRIVE  
HIALEAH FL 33010

Mailing Address

518 HIALEAH DRIVE  
HIALEAH FL 33010

2. Principal Place of Business

518 Hialeah Dr.

3. Mailing Address

518 Hialeah Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-0965507

Applied For

Not Applicable

Zip

33010

Country

U.S.

Zip

33010

Country

U.S.

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

Name

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

City

FL

Zip Code

MENENDEZ, LUIS R  
8440 SW 8TH #1  
MIAMI FL 33144

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

*Luis R. Menendez*

02/03/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
MENENDEZ, LUIS R  
8440 SW 8TH #1  
MIAMI FL 33144

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
CARMENATE, MISAEL D  
8440 SW 8TH #1  
MIAMI FL 33144

☐ Delete

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

TITLE  
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STREET ADDRESS  
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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:

*Luis R. Menendez*

02/03/00

Date

305-805-3361

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)