

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90652 034 \*\*\*150.00

027178 AV

**DOCUMENT # S34114**

1. Entity Name

**LSY INTERNATIONAL CORPORATION**

Principal Place of Business

Mailing Address

3055 NW 107 AVE  
 XXXXXXXX 6220 W. 10 Ave.  
 MIAMI FL 33172  
 US  
 XXXXXXXX Hialeah, Fl.  
 33012

3055 NW 107 AVE  
 XXXXXXXX 6220 W. 10 Ave.  
 MIAMI FL 33172  
 US  
 XXXXXXXX Hialeah, Fl.  
 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0254165**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BACALLAO, CARLOS**  
**6220 W 10TH AVE**  
**HIALEAH FL 33012**

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, 2002 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	BACALLAO, CARLOS	6220 W 10 AVE HIALEAH FL				
	TD	YARON, LIOR	2567 WOODBOURNE AVE LOUISVILLE KY				
	SD	BACALLAO, MARIA	3055 NW 107 AVE MIAMI FL 33172				

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:

*Maria Bacallao* **MARIA BACALLAO** 3/19/02 305-805-1701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)