

2000 UNIFORM BUSINESS REPORT (UBR)

554475

DOCUMENT # **S 54475**

1. Entity Name
LONGA SERVICES CORP.

FILED

00 MAR -3 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ac 3/3/00

Principal Place of Business Mailing Address
**7350 N.W. 7TH STREET SUITE 108
MIAMI, FL. 33126**

2. Principal Place of Business 3. Mailing Address
**MIAMI, FL. SAME - 7350 N.W. 7TH ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.
108**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 65-0269751 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

**OSCAR LONGA
2250 S.W. 81 ST AVE.
MIAMI, FL. 33155**

7. Name and Address of New Registered Agent

Name **LUIS F. ALVAREZ**
Street Address (P.O. Box Number is Not Acceptable)
437 S.W. 22 RD.
City **MIAMI, FL.** FL Zip Code **33129**

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 *L.F. Alvarez* (NOTE: Registered Agent signature required when reinstating) DATE *FEB 25, 2000*

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

TITLE P	OSCAR LONGA <input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	2250 S.W. 81 ST AVE.
CITY-ST-ZIP	MIAMI, FL.
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	VIVIAN ALVAREZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1944 S.W. 24 TERRACE
CITY-ST-ZIP	MIAMI, FL. 33126
TITLE VP/T	LUIS F. ALVAREZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	437 S.W. 22 RD.
CITY-ST-ZIP	MIAMI, FL. 33129
TITLE S	EDUARDO F. LUNA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	1944 S.W. 24 TERRACE
CITY-ST-ZIP	MIAMI, FL. 33126
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(l), 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: *L.F. Alvarez Vice Pres/President Feb 25, 2000 (305) 260 0902*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)