

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V36090**

1. Entity Name
L. A. INTERNATIONAL, INC.

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90095 020 ***150.00

Principal Place of Business
~~8612 NW 70 ST~~ **6955 N.W. 52 ST**
MIAMI FL 33166 Suite #110
US

Mailing Address
~~8607 NW 64 ST~~
MIAMI FL 33166
US



2. Principal Place of Business
6955 N.W. 52 ST
Suite, Apt. #, etc.
110

3. Mailing Address
6955 N.W. 52 ST
Suite, Apt. #, etc.
110

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33166 Country
USA

City & State
Miami, FL
Zip
33166 Country
USA

4. FEI Number **65-0337535** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFARO, LIDIANETTE
~~**646 NW 129 PL**~~
~~**MIAMI FL 33162**~~

7. Name and Address of New Registered Agent

Name
Lidianette Alfaro
Street Address (P.O. Box Number is Not Acceptable)
6955 N.W. 52 ST
Miami
City **FL** Zip Code **33166**

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 (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFARO, LIDIANETTE 646 NW 129 PL MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOLINARES, FAUSTO 646 NW 129 PL MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Alfaro, Lidianette 6955 N.W. 52 ST Miami, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Molinas, Fausto 6955 N.W. 52 ST Miami, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 a new address with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-02 305 593-636
Date Daytime Phone #

CR2E034 (9/01)