## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 12, 2002 8:00 am DOCUMENT # **770969** Secretary of State 1. Entity Name LAMBDA SOUTH, INC. 03-12-2002 90267 049 \*\*\*\*61.25 Principal Place of Business Mailing Address 1231-A EAST LOS OLAS BLVD. P.O. BOX 030339 FT. LAUDERDALE FL 33303 FT. LAUDERDALE FL 33303-0339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WYNN, BILL Street Address (P.O. Box Number is Not Acceptable) 1231A EAST LAS OLAS BLVD FT LAUDERDALE FL 33303 City Zip Code 8. The above nar ned entity submits this statement urpose of changing ts registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or prin E: Registered Agent signature required when reinstating? 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 🔀 Delete (9/01) VP D ☐ Addition DON BAKERT BURKE, KEVIN NAME > NAME 209 N. Atlantic Beach Blud #46 STREET ADDRESS 1951 NE 2ND AVE #202 STREET ADDRESS FTLanderdAle, F/ 33304 CITY-ST-ZIP WILTON MANORS FL 33305 CITY-ST-7IP **VPD** PA TITLE Delete Change TITLE ☐ Addition ROJAS, FERMIN ROJAS, FERMIN 1800 N ANDREWS AVE 11H NAME NAME STREET ADDRESS 1800 N ANDREWS AVE 11-H STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-7IP FORT LAU derd Ale, FL 33311 TD TITLE Delete TITLE **57** Change ☐ Addition ANDY JAMISON 1175W14th AVE #3 ET, LANDERDAIC, ET 13312 CULLEN, GEORGE F NAME NAME STREET ADDRESS 633 KENSINGTON PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WILTON MANORS FL 33305** ATD **54** Change ☐ Delete TITLE TITLE ☐ Addition BRANT FRAN L 1314 EASTLAS CLASBING APT 1046 NAME GRANT, FRAN L NAME STREET ADDRESS 1402 EAST LAS OLAS BLVD APT 1046 STREET ADDRESS FORTLANDERDAIL, F 33301 CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-7IP 50 TITLE Defete TITLE Change Addition WYNN, BILL NAME NAME WY STREET ADDRESS 818 NW 45TH STREET STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP ☐ Delete TITLE [ ] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

:Oliniau

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: