## 2002 UNIFORM BUSINESS REPORT (UBR) √

## May 29, 2002 8:00 am Secretary of State P01000048331 DOCUMENT # 04-30-2002 90089 018 \*\*\*150.00 1. Entity Name LAMI, INC. Principal Place of Business Mailing Address 87416 1872 WEST 60TH STREET 1872 WEST 60TH STREET HIALEAH FL 33012 HIALEAH FL 33012 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 65-1116294 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired - Fee Required .6. Name and Address of Current Registered Agent ... FUENTES, LAURA Street Address (P.O. Box Number is Not Acceptable) 1933 WEST 60TH STREET HIALEAH FL 33012 City 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 egent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \*(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01 Change FUENTES, LAURA NAME NAME STREET ADDRESS 1933 WEST 60TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FUENTES, MIGUEL NAME NAME STREET ADDRESS 1933 WEST 60TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P HIALEAH FL 33012 Change TITLE . Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 overgive employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Laura I. Fuentes

4/8/02 (305)557-6771

changed, or on an attachment

SIGNATURE:

**FILED**