2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							FILED Aug 20, 2003 8:00 am Secretary of State		
DOCUMENT # P02000053601 1. Entity Name LCRVN, INC.							08-20-2003 90047 042		
11860 S.W. 187TH STREET 11860 S.			g Address S.W. 187TH STREE I FL 33177	<u></u>			1 (186)(186) (H. 189)(8 (186)(186)(6 6 9)(1 61)(1) 88)(6		
Principal Place of Business 3. Mailing Address				<u></u>		\dashv		4 88 8 888 1	ii ll
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & Stat	Country	City & State			9 6		FEI Number 07 00 82	No	oplied For ot Applicable
				Country				\$8.75 Add Fee Require	Jitional :d
6. Name and Address of Current Registered Agent					Name	7.	Name and Address of New Registered	Agent	
SEEWAH, LALBATCHAN 11860 S.W. 187TH STREET					Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	33177				City		FL	Zip Code	e
the obligat SIGNATURE . F After Se	Signature, typed or printed name of registered agent an ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.0	d title if appli		,	ed office or regist		reinstating) PATE 9. Election Campaign Financing Trust Fund Contribution.	\$5.0	O May Be
Make Check Payable to Florida Department of S 10. OFFICERS AND DIF			<u> </u>	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEWAH, LALBATCHAN 4051 SETON AVENUE BRONX NY 10466	IHEC TOP	☐ Delete		E E ET ADDRESS -ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMANAND, CHANDRAMATIE 4051 SETON AVENUE BRONX NY 10466		□ Delete					☐ Change	☐ Addition
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12. 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 207, 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.

SIGNATURE:

Signature requised SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

673.2447

Florida Dopartment / State 801390 Chy 16, 2003 heren teenved a previous mark be the henenne of the 2003 leks, he in dication him - receipt of the niqual mail handy yn for you under Franking of