

03 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO2000116519**

1. Entity Name
- **Laminates Plus Supplies, Corp.**



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18624 SW 105 Ave
Suite, Apt. #, etc.

3. Mailing Address
18624 SW 105 Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami FL

4. FEI Number Applied For
 Not Applicable

Zip **33157** Country **USA**

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Marisol Mercedes**

Street Address (P.O. Box Number is Not Acceptable)

18624 SW 105 Ave

City **Miami FL** Zip Code **33157**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marisol Mercedes*

DATE **02/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President**
NAME **Marisol Mercedes**
STREET ADDRESS **18624 SW 105 Ave**
CITY-ST-ZIP **Miami FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice-President**
NAME **Marisol Mercedes**
STREET ADDRESS **18624 SW 105 Ave**
CITY-ST-ZIP **Miami FL 33157**

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marisol Mercedes*

DATE **02/14/03** (786) 293-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)