FILED

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

## Jan 14, 2002 8:00 am DOCUMENT # P92000009778 Secretary of State 1. Entity Name LAWRENCE RHODES CORPORATION 01-14-2002 90042 027 \*\*\*158 Principal Place of Business Mailing Address 1722 JEFFERSON AVENUE 1722 JEFFERSON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 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 65-0372428 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAIRD, STEVEN K ESQ Street Address (P.O. Box Number is Not Acceptable) 6301 BISCAYNE BOULEVARD, SUITE 208 MIAMI FL 33138 City Zip Code FL 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. CR2E034 (9/01) TITLE ☐ Delete TITLE Change Addition FREEMAN, TODD L NAME NAME Adduss 1018 JEFFERSON AVENUE 1722 Jefferson Aux. STREET ADDRESS STREET ADDRESS only CITY-ST-ZIE MIAMI BEACH FL CITY-ST-ZIP Migni Bock, Fl. 33139 TITLE ☐ Delete TITLE Change ☐ Addition PARSIL, JONATHAN 1 street NAME NAME Addresi 1722 Jefferson AVC. STREET ADDRESS 350 WASHINGTON AVENUE STREET ADDRESS only CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP Micmi Beach F1. 33/39 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TID F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE □ Delete TITI F 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-7IP 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 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

SIGNATURE: .

changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

79n. 17, 2007 305-531-2339
Daytime Phone #