2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SUMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OB DIRECTOR

DOCUMENT # P96000084922 1. Entity Name L & L ORNAMENTAL IRON WORKS INC.							Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90015 022 ***150.00				
Principal Place of Business 5601 GEORGIA AVE N PALM BEACH FL 33405 US			Mailing Address 5601 GEORGIA AVE W PALM BEACH FL 33405 US				907759				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc. City & State				4. FEI Number 65-0707951 Applied For Not Applicable				
						4. F					-
Zip Country		Country	Zip	Country		5. (5 Certificate of Status Desired \$8.75 A		8.75 Add	litional	
	6. Name	and Address of Current Re	egistered Agent			7. N	lame and Address of New F	legistered A	gent		1
					Name						ł
PEREZ, LEONARDO 5714 PARKER AVENUE WEST PALM BEACH FL 33405					Street Addr	t Address (P.O. Box Number is Not Acceptable)				1	
***	T T ALIT DE	DOTT L COTOS			City		N	FL	Zip Code	э	
8. The above	named entit	v submits this statement for t	he purpose of changing it	s reaister	ed office or rea	pistered ag	ent, or both, in the State of Flo	orida.			1
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SIGNATURE .	Signature honor	for printed name of registered agent and	1 title if applicable (NO	TE: Begistere	nd Agent signature re	aguired when re	sinetating)	DATE			
			1			aquirod Wilolina				.	-
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS:\$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fir Trust Fund Contribution		\$5.0 Added	0 May Be I to Fees	
11.		OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	1_
TITLE NAME STREET ADDRESS		EONARDO SHADY PINE WAY	☐ Delete	TITL NAM STRI			,		Change	☐ Addition	CR2E034 (10/00)
CITY-ST-ZIP				City							ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	☐ Addition	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITL NAM STRI	E				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
of the cor	rporation or t	e information supplied with the or supplemental report is to the receivar or justee empower animent with an address, with an address, with an address, with an address.	rered to execute this repor	rt as requ	emption stated ture shall have ired by Chapte	in Section the same er 607, Flori	119.07(3)(i), Florida Statutes. legal effect as if made under da Statutes; and that my nam	I further cert oath; that I a e appears in	ify that the ir m an officer Block 11 or	nformation or director Block 12 if	

Date

Daylime Phone #