## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2002 8:00 am a Secretary of State 306059 DOCUMENT # 1. Entity Name 04-16-2002 90167 040 \*\*\*150 00 LANCER DEVELOPMENT CORP. Principal Place of Business Mailing Address 15702 NW 2 AVE 15702 NW 2 AVE MIAM! FL 33169 MIAMI FL 33169 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 59-1145149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEAL, FREDERICA B. Street Address (P.O. Box Number is Not Acceptable) 15702 NW 2ND AVENUE **MIAMI FL 33169** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May 8e 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Delete ☐ Change TITLE NEAL, FREDERICA B. NAME NAME 15710 NW 2ND AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP SD Addition TITLE ☐ Delete TITLE ☐ Change NAME NEAL, A REBECCA NAME STREET ADDRESS 15702 NW 2 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NEAL, BRYAN E. NAME NAME STREET ADDRESS 15702 NW 2 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE Change TITLE JEREZ-NEAL, MELANIE 15702 NW2 AVE NEAL, MELANIE D. NAME NAME CHANGE 15702 NW 2 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP MIAMIFL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (9/01)