

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **348978**

1. Entity Name

**LAMAS ORIENTAL FOODS INC**

Principal Place of Business

**4902 W. TYSON AVE.  
TAMPA FL 33611**

Mailing Address

**4902 W. TYSON AVE.  
TAMPA FL 33611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1264226**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASHBURN, ROBERT W  
4902 W. TYSON AVE.  
TAMPA FL 33611**

Name

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

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
MASHBURN, ROBERT W  
4902 W. TYSON AVE.  
TAMPA FL 33611** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300006066053--4  
-06/27/02--01049--006  
\*\*\*\*150.00 \*\*\*\*150.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/10/02

CR2E034 (9/01)

FILED  
02 JUN 17 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Attachment  
Document #  
348978

LIONEL MARTINEZ & COMPANY  
2505 West Virginia Avenue  
Tampa, Florida 33607  
Tel No. (813) 879-9803  
Fax No. (813) 870-6732

June 10, 2002

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Lamas, Inc. 59-0549407  
Lamas Oriental Foods, Inc. 59-1264226

Gentlemen:

Enclosed please find 2002 Uniform Business Reports for above referenced taxpayer, along with checks attached in the amounts of \$150.00 each.

Mr. Robert Mashburn is the Corporate Officer for above corporations. He was out of town until June 10th and was not able to mail his reports by the deadline of May 1, 2002. Please accept his checks as he wishes to continue doing business.

If additional information is needed regarding this matter, please call me.

Sincerely,



Elaine Grillo  
President

Enclosures