FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am 655485 DOCUMENT # **Secretary of State** 1. Entity Name 02-21-2002 90074 046 ***150.00 LENFLEX RESOURCES. INC. Principal Place of Business Mailing Address % STEPHEN K. KATZ % STEPHEN K. KATZ 7965 SW 146 STREET 7965 SW 146 STREET MIAM! FL 33158 MIAMI FL 33158 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 59-1999271 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 KATZ, STEPHEN K Street Address (P.O. Box Number is Not Acceptable) 7965 S.W. 146 STREET **MIAMI FL 33158** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 3. 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 16. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change CR2E034 (9/01 TITLE ☐ Delete TITLE ☐ Addition KATZ. STEPHEN K NAME NAME 7965 S.W. 146TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE" ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: .

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Daytime Phone #