

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90326 027 ***150.00

DOCUMENT # K78652

1. Entity Name

Laman Acquisition, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3024 Seville Street

Suite, Apt. #, etc.

3. Mailing Address

3024 Seville Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, fl 333

Zip

Country

33304

Broward

City & State

Ft. Lauderdale, Fl.

Zip

Country

33304

Broward

4. FEI Number

65-0128385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Laman, Linda

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

3024 Seville Street

City

Ft. Lauderdale

FL

Zip Code

33304

**DO NOT WRITE
IN THIS SPACE**

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

Linda Laman

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)** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

Laman, Linda G

3024 Seville Street

Ft. Lauderdale, fl. 33304

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Linda Laman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)