

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90002 027 ***150.00

DOCUMENT # M27037

1. Entity Name

LAMAN ENTERPRISES, INC..

Principal Place of Business

**2207 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US**

Mailing Address

**11200 SW 130TH ST
MIAMI FL 33176
US**

2. Principal Place of Business

2207 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

3. Mailing Address

2207 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL.

City & State

CORAL GABLES FL.

Zip

33134

Country

MIA - DAGE

Zip

33134

Country

MIA - DAGE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LAMAN, HOPKIN A.

**11200 SW 130TH STREET
MIAMI FL 33176**

**2207 PONCE DE LEON
CORAL GABLES FL. 33134**

7. Name and Address of New Registered Agent

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)

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, 2001 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

TITLE **P** ☐ Delete
NAME **LAMAN, HOPKIN A.**
STREET ADDRESS **11200 SW 130TH STREET**
CITY - ST - ZIP **MIAMI FL 33176**
**2207 PONCE DE LEON
CORAL GABLES FL. 33134**

TITLE **VP** ☐ Delete
NAME **LAMAN, MARGARET K**
STREET ADDRESS **11200 SW 130TH STREET**
CITY - ST - ZIP **MIAMI FL 33176**
**2207 PONCE DE LEON
CORAL GABLES FL. 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

HOPKIN LAMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01
Date

305 443 7979
Daytime Phone #

CR2E034 (10/00)