

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000018617**1. Entity Name
LM3 & ASSOCIATES, INC.

Principal Place of Business

14340 S.W. 90TH STREET

MIAMI
33186

FL

Mailing Address

14340 S.W. 90TH STREET

MIAMI
33186

FL

2. Principal Place of Business

14340 S.W. 90TH STREET

3. Mailing Address

14340 S.W. 90TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip
33186Country
USZip
33186Country
US

4. FEI Number

65-0994447

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA LUIS M
14340 S.W. 90TH STREETMIAMI
33186

FL

7. Name and Address of New Registered Agent

Name

MEDINA LUIS M

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

14340 S.W. 90TH STREET

City
MIAMI

FL

Zip Code
33186

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)

04/30/2001

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, 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 D ☐ Delete
NAME MEDINA LUIS M
STREET ADDRESS 14340 S.W. 90TH STREET
CITY-ST-ZIP MIAMI FL 33186TITLE PVST ☐ Delete
NAME MEDINA LUIS M
STREET ADDRESS 14340 S.W. 90TH STREET
CITY-ST-ZIP MIAMI FL 33186TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME MEDINA LUIS M
STREET ADDRESS 14340 S.W. 90TH STREET
CITY-ST-ZIP MIAMI FL 33186TITLE PVST ☒ Change ☐ Addition
NAME MEDINA LUIS M
STREET ADDRESS 14340 S.W. 90TH STREET
CITY-ST-ZIP MIAMI FL 33186TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Luis M. Medina

p

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)