

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90093 031 ***150.00

DOCUMENT # P00000060702



1. Entity Name
LAMARTINIE, INC

Principal Place of Business
**100 N. BISCAYNE BLVD., STE. 2904
MIAMI FL 33132**

Mailing Address
**100 N. BISCAYNE BLVD., STE. 2904
MIAMI FL 33132**

20020569



2. Principal Place of Business
630 Warren Lane
Suite, Apt. #, etc.

3. Mailing Address
630 WARREN LANE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
KEY BISCAYNE, FLORIDA
Zip
33149
Country
U.S.A

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KEY BISCAYNE, FLORIDA
Zip
33149
Country
U.S.A

4. FEI Number
65-1019467

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BENICHAY, BRIGITTE
100 N. BISCAYNE BLVD., STE. 2904
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name
de SAINT-VINCENT Thibaud
Street Address (P.O. Box Number is Not Acceptable)
630 Warren Lane
City
KEY BISCAYNE FL Zip Code
33149

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thibaud (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BARNES, XXXXX	
STREET ADDRESS	100 N BISCAYNE BLVD STE 2904	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	de SAINT VINCENT Thibaud	
STREET ADDRESS	630 WARREN LANE	
CITY-ST-ZIP	KEY BISCAYNE, FLORIDA, 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **de SAINT-VINCENT** **01-27-03** **305 491 13 84**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)