

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91534 025 \*\*\*150.00

DOCUMENT # p00000061145

1. Entity Name

L.M. LANCRY CORPORATION

001020

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10477 SW 108 AVENUE

3. Mailing Address  
10477 SW 108 AVENUE

Suite, Apt. #, etc.  
B220

Suite, Apt. #, etc.  
B220

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
65-1038024

Applied For  
Not Applicable

Zip  
33176

Country  
USA

Zip  
33176

Country  
USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
LOUIS MAURICE LANCRY

Street Address (P.O. Box Number is Not Acceptable)  
10477 SW 108 AVENUE

B220

City  
MIAMI

FL

Zip Code  
33176

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)

DATE

04/30/02.

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 \$180.00  
After May 1, Fee is \$650.00  
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  
D  
LOUIS MAURICE LANCRY  
10477 SW 108 AVENUE  
MIAMI, FL 33176

TITLE  
NAME  
STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/02.

CR2E034B (1/201)