2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # **P00000062389**5. 1. Entity Name L M B SERVICES, INC. 04-19-2001 90051 029 ***158.75 Principal Place of Business Mailing Address 9351 FONTAINBLEAU BLVD., UNIT B-402 9351 FONTAINBLEAU BLVD., UNIT B-402 MIAMI FL 33172 MIAMI FL 33172 CVU40J/Z 2. Principal Place of Business Mailing Address 20015 KW Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State -City & State 4. FEI Number lami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** ☐ Delete TITLE EDIMO ☐ Addition TITLE HEREDIA, AMARILLYS NAME NAME STREET ADDRESS STREET ADDRESS 9351 FONTAINBLEAU BLVD., UNIT B-402 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** X Change ☐ Addition TITLE TITLE Delete ERAZO, HENRY A NAME NAME STREET ADDRESS 9351 FONTAINBLEAU BLVD., UNIT B-402 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33172 ☐ Change Addition TITLE TITLE Delete _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition

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.

NAME

TITLE NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

412-01 305 455-305

Daytime Phone #

☐ Change

□ Addition