

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90001 016 ***150.00

DOCUMENT# P0000063023

1. Entity Name
LINCOLN OF AMERICA, CORP.

Principal Place of Business
16300 NE 19TH AVE SUITE #222
NORTH MIAMI BEACH FL 33162

Mailing Address
16300 NE 19TH AVE SUITE #222
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1020424

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

CARLOS, SIDERLEI D
16300 NE 19TH AVE SUITE #222
NORTH MIAMI BEACH FL 33162

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 re-registering)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST Delete
 NAME CARLOS, SIDERLEI D
 STREET ADDRESS 2500 NE 135TH STREET APT #705
 CITY - ST - ZIP N MIAMI FL 33181

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
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TITLE Change Addition
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 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)(f), 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, trustee, empowered to execute this report as qualified 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: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

Boca Raton - Florida, July 26, 2002.

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

LINCOLN OF AMERICA, CORP.

Doc. # P00000063023

677433

When I looked up this Incorporation on the Internet I noticed that the Uniform Business Report was not filed for year 2002. I then quickly called my OLD ACCOUNTANT and asked him the reason why this had happened. He then told me that since he never received the Annual Report for this year, that it wasn't necessary to file them. So of course I quickly changed accountants and I am now trying to solve this problem.

Since this wasn't my fault, I would like to ask you to please wave the Reinstatement Fee, as I am sending you the total amount of US\$ 150.00, which includes this years' fee plus the completed Form. I would like to ask you to please consider this, and file these UBR Form as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,

[Signature]
SIDERLEI D. CARLOS

President

16300 NE 19th Ave Suite # 222
North Miami, FL 33162