2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91838 017 ***150.00

DOCUMENT# **P00000063023**

1. Entity
LINCOLN OF AMERICA, CORP.

Principal Place of	Mailing
16300 NE 19TH AVE SUITE #222 NORTH MIAMI BEACH FL 33162	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
Zip	Country USA	Zip USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
651020424
☐ Applied For
☐ Not Applicable

5. Certificate of Status ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of Now Registered Agent

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

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: Required when agent submits report or makes changes)

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

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 may be Added to Fees

10. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTD XAVIER, CELI 16300 NE 19TH AVENUE #222 NORTH MIAMI BEACH FL 33162	☐ Delete		☐ Change ☐ Addition
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13. I Hereby certify that the information supplied with this filing does not ... indicated on this report or supplemental report is true and accurate ... of the corporation or the receiver or trustee empowered to execute ... changed; or on an attachment with an address, ... Florida Statutes. I further certify that the ... false or made under oath; that I am an officer or ... and that my name appears ... Block 10 or Block ...

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF INDIVIDUAL