


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000085248**

1. Entity Name  
**LAM Properties, Inc.**



FILED  
04 APR 21 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**765 LENOX AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**11725 SW 80 RD.**  
Suite, Apt. #, etc.

City & State  
**MIAMI BEACH, FL.**

City & State  
**MIAMI, FL.**

Zip  
**33139**

Country  
**DADE**

Zip  
**33156**

Country  
**DADE**

**REINSTATEMENT 00-04**  
DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1037865**

Applied For  
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
**PRANDEO RAJAN**

Street Address (P.O. Box Number is Not Acceptable)  
**11725 SW 80 RD.**

City  
**MIAMI**

FL

Zip Code  
**33156**

**DO NOT WRITE IN THIS SPACE**

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 **PRANDEO RAJAN** *Prandeo Rajan* **04-15-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRANDEO RAJAN</b> <b>11725 S.W. 80 RD</b> <b>MIAMI, FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MARK CARRION</b> <b>11725 S.W. 80 RD.</b> <b>MIAMI, FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500033218615</b> <b>04/21/04--01003--001 **\$600.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Lucy Smith</b> <b>11725 SW 80 RD.</b> <b>MIAMI, FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucy Smith* **04/09/04 (305) 255-7327**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)

***LRM PROPERTIES, INC.***

11725 S. W. 80<sup>TH</sup> Road  
Miami, Florida 33156  
Phone.: (305)255-7327 Fax (305)259-7437  
Cell: (305)281-4771

April 15, 2004

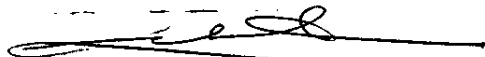
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Ref.: FEI: 65-1037865

The undersigned is requesting a waiver of all late fees, since we never received any Annual Reports. Your office has records that you were sending our annual forms to: 765 Lenox Avenue which is not our mailing address.

Please find our completed form and check # 1772 for \$600.00, to cover years: 2001, 2002, 2003 and 2004.

Sincerely,



Lucy Smith,  
Property Manager, for  
LRM PROPERTIES, Inc.

cc: file