FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN 15 AM 9:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000102015

1. Entity Name

LAVIC, INC

DO NOT WRITE IN THIS SPACE

500025724565
12/23/03--01025--013 **43.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16405 NW 67 AVENUE	16405 NW 67 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES, FL	City & State: MIAMI LAKES, FL
Zip: 33014 Country: US	Zip: 33014 Country: US

4. FEI Number: 65-1052095 ☐ Applied For ☐ Not Applicable

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: J. CANUTE MOTHA

Street Address (P.O. Box Number is Not Acceptable): 5464 NW 170 TR

City: MIAMI FL Zip Code: 33055

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: J. Canute Motha (J. CANUTE MOTHA - PRESIDENT) 1/12/04

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

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VILLAMUR, JOSE 5801 LA GORCE DRIVE MIAMI BEACH, FL 33140 X DELETE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOTHA J. CANUTE 16405 NW 67TH AVE MIAMI LAKES FL 33014 ☒ ADD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VILLAMUR, VALERIA 5801 LA GORCE DRIVE MIAMI BEACH, FL 33140 X DELETE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOTHA CHANDRIKA 16405 NW 67TH AVE MIAMI LAKES FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500025724565 01/08/04--01007--001 **17.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500025724565 01/21/04--01101--012 **88.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500025724565 01/21/04--01101--013 **8.75

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOSE VILLAMUR PD 12/18/03 305-7788740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32301F.1