FILED 2003 FOR PROFIT CORPORATION Feb 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000102015 **DOCUMENT#** 1. Entity Name 02-27-2003 90180 017 ***150.00 LAVIC, INC. Mailing Address Principal Place of Business 16405 NW 67 AVENUE 16405 NW 67 AVENUE MIAMI LAKES FL 33104 MIAMI LAKES FL 33104 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-1052095 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VILLAMUR, JOSE Street Address (P.O. Box Number is Not Acceptable) 16405 NW 67 AVE LA GORCE MIAMI LAKES FL 33104 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regi FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Change ☐ Addition ☐ Delete TITLE TITLE VILLAM UR JOSE NAME VILLAMUR, JOSE NAME STREET ADDRESS 5801 LA GORCE DR 4838 PINE TREE DR STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete VILLAMUR, VALERIA VILLAMUR, VALERIA NAME NAME STREET ADDRESS 5801 LAGORCE DR STREET ADDRESS 4838 PINE TREE DR CITY-ST-ZIP MIAM BEACH FL MIAMI BEACH FL 33140 CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE VILLAMUR, JOSE NAME NAME STREET ADDRESS STREET ADDRESS 4838 PINE TREE DRIVE CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33140 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NA

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