

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/16

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90276 030 \*\*\*150.00

**DOCUMENT # P00000107170**

1. Entity Name

**LAMNETH CONSULTING SERVICES, INC.**

Principal Place of Business

**C/O FLORIDO & FLORIDO ET AL.  
15450 NEW BARD ROAD SUITE 303  
HIALEAH FL 33014**

Mailing Address

**C/O FLORIDO & FLORIDO ET AL.  
15450 NEW BARD ROAD SUITE 303  
HIALEAH FL 33014**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3682110**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDO, HOBOL  
C/O FLORIDO & FLORIDO ET AL.  
15450 NEW BARD ROAD SUITE 303  
HIALEAH FL 33014**

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 reinstating)

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, 2001 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

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**President  
Stephen Hoczak  
15450 New Bard Rd #303  
Miami Lakes, FL 33014**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01

305  
828-1690

CR2E034 (10/00)