

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90620 046 ***150.00

CR2E034 (9/01)

DOCUMENT # P01000039678

1. Entity Name
LNR ENERGY PLUS CORP.

Principal Place of Business

600 NW TENNIS CLUB DR.
FT. LAUDERDALE FL 33311

Mailing Address

600 NW TENNIS CLUB DR.
FT. LAUDERDALE FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5563

Suite, Apt. #, etc.

City & State

FT Lauderdale, FL

4. FEI Number

65-1097771

Applied For

Not Applicable

Zip

Country

Zip

Country

33310

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, LEONARD A
1016 SE 4TH ST.
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

MALINDA E. Kirby

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

660 NW 19th St. #107

City

FT. Lauderdale

FL

Zip Code

33311

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

MALINDA E. Kirby

(NOTE: Registered Agent's signature required when reinstating)

4/22/02

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, 2002 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

TITLE **PD** ☒ Delete
NAME **SOLOMON, LEONARD A**
STREET ADDRESS **1016 SE 4TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **TD** ☒ Delete
NAME **SOLOMON, ROSLYN**
STREET ADDRESS **1016 SE 4TH ST**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **S** ☒ Delete
NAME **BABCOCK, JOAN**
STREET ADDRESS **1016 SE 4TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **VD** ☐ Delete
NAME **SHOMER, ROBERT B**
STREET ADDRESS **P.O. BOX 5563**
CITY-ST-ZIP **FT. LAUDERDALE FL 33310**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO, Director, Chairman** ☐ Change ☒ Addition
NAME **MALINDA E. Kirby**
STREET ADDRESS **660 NW 19th St. #107**
CITY-ST-ZIP **FT Lauderdale, FL 33311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President, Director** ☒ Change ☐ Addition
NAME **Shomer, Robert B**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

(954) 525-3134

Daytime Phone #