

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90744 001 *****8.75
 05-29-2002 90744 002 ***150.00

DOCUMENT # P01000055477

1. Entity Name
LRA CONSTRUCTION, INC.

Principal Place of Business

**7428 S.W. 48TH STREET
 MIAMI FL 33155
 US**

Mailing Address

**7428 S.W. 48TH STREET
 MIAMI FL 33155
 US**

2. Principal Place of Business

3. Mailing Address

6800 SW 40 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 164

City & State

City & State

MIAMI FL

4. FEI Number

65-1107844

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33155

USA

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

**RAMOS, LEMUEL A
 7428 S.W. 48TH STREET
 MIAMI FL 33155**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 RAMOS, LEMUEL A
 7428 S.W. 48TH STREET
 MIAMI FL 33155** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEMUEL A. RAMOS

4/25/02

Date

786-251-0753

Daytime Phone #

CR2E034 (9/01)