

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90244 023 ***158.75

DOCUMENT # P01000063246

1. Entity Name

LYTHOM, CORP.

Principal Place of Business

2930 W SUNRISE BLVD
 FT LAUDERDALE FL 33311

Mailing Address

2930 W SUNRISE BLVD
 FT LAUDERDALE FL 33311

361828



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3455 W. BOWARD BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT. LAUDERDALE FL

City & State

Zip

33312

Country

USA

Zip

Country

4. FEI Number

65-1115880

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCALLA, GERSHAM
 2930 W SUNRISE BLVD
 FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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

TITLE: PTD
 NAME: MCCALLA, GERSHAM
 STREET ADDRESS: 2930 W SUNRISE BLVD
 CITY-ST-ZIP: FT LAUDERDALE FL 33311 ☐ Delete

TITLE: VSD
 NAME: CHIN, ALEXANDER
 STREET ADDRESS: 2930 W SUNRISE BLVD
 CITY-ST-ZIP: FT LAUDERDALE FL 33311 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
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 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: VD
 NAME: MCCALLA, GERSHAM
 STREET ADDRESS: 2930 W. SUNRISE BLVD
 CITY-ST-ZIP: FT. LAUD FL 33311 ☒ Change ☐ Addition

TITLE: PD
 NAME: CHIN, ALEXANDER
 STREET ADDRESS: 2930 W. SUNRISE BLVD
 CITY-ST-ZIP: FT. LAUD FL 33311 ☒ Change ☐ Addition

TITLE: TSD
 NAME: WILLIAMS, CHANELE
 STREET ADDRESS: 2930 W. SUNRISE BLVD
 CITY-ST-ZIP: FT. LAUD FL 33311 ☐ Change ☒ Addition

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

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
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 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

954-564-1291

Date

Daytime Phone #

CR2E034 (9/01)