

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91236 016 ***150.00

DOCUMENT # **P01000074186**
1. Entity Name: **LAM PROPERTIES, CORP.**

DO NOT WRITE IN THIS SPACE

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|---|--|---|--|
| 2. Principal Place of Business 400 SW 107th AVENUE Suite, Apt. #, etc. SUITE 408 City & State MIAMI, FL Zip 33174 Country MIAMI-DADE | | 3. Mailing Address 400 SW 107th AVENUE Suite, Apt. #, etc. SUITE 408 City & State MIAMI, FL Zip 33174 Country MIAMI-DADE | |
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| 4. FEI Number Applied For | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: **GUILLERMO PEREZ**
Street Address (P.O. Box Number is Not Acceptable)
400 SW 107th AVENUE
SUITE 408
City **MIAMI** FL Zip Code **33174**

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:  (NOTE: Registered Agent signature required when constituting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

| | |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | GUILLERMO PEREZ PRESIDENT / DIRECTOR 400 SW 107th AVENUE S-408 MIAMI, FL 33174 |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with full name, date and power.

SIGNATURE:  **4/30/02** (305) 225-0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0345 (12/01)