

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

FILED

02 OCT 29 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000079088

1. Entity Name

LSMT, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3660 NW 126th Ave.

3. Mailing Address

3660 NW 126th Ave.

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Lynne S. K. Ventry, Esq.

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

185 NW Spanish River Blvd.

Suite 290

City

Boca Raton

FL

Zip Code
33431

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.

Lynne S. K. Ventry

10-24-02

(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) ☐

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P, VP, S, T, D
John Famularo
3660 NW 126th Ave., #1
Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

300008670903
10/29/02--01103--004 **150.00

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02 (954) 344-4622

Date

Daytime Phone #

CR2E0348 (12/01)

OCTOBER 25, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399

RE: LSMT, INC. P01000079088

DEAR SIR/MADAM:

ATTACHED PLEASE FIND CHECK NUMBER 3287 IN THE AMOUNT OF \$150.00 AS WELL AS A UNIFORM BUSINESS REPORT. WE RESPECTFULLY REQUEST THE REINSTATEMENT FEE BE WAIVED AS WE NEVER RECEIVED THE FIRST NOTIFICATION AND WERE NOT AWARE OF ANY PROBLEM UNTIL WE RECEIVED THE CERTIFICATE OF ADMINISTRATIVE DISSOLUTION AND REVOCATION.

THANK YOU FOR YOUR TIME AND ATTENTION.

SINCERELY,



JOHN FAMULARO
PRESIDENT
JF:jlb