FROM:

PHONE NO. : 305 935 5375 Oct. 18 2002 03:34PM P1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 22 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091385

1. Entity Name

SIAM LCB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2134 NW 99 AVENUE	2134 NW 99 AVENUE
Suite, Apt. #, etc. NA	Suite, Apt. #, etc. NA
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33172 Country MIAMI-DADE	Zip 33172 Country MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-533907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FRANK CONDOM

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

2134 NW 99 AVENUE

City MIAMI FL Zip Code 33172

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 X FRANK CONDOM 10-18-2002

(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) ☐

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	CEO/SECRETARY/DIRECTOR CEO/S/D FRANK CONDOM 2134 NW 99 AVENUE MIAMI, FLORIDA 3372
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR P/D OTTEN RODRIGUEZ 2134 NW 99 AVENUE MIAMI, FLORIDA 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXE. VICE PRESIDENT V/D JULIAN LEYVA 2134 NW 99 AVENUE MIAMI, FLORIDA 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR D DORIS CONDOM 2134 NW 99 AVENUE MIAMI, FLORIDA 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR D JULIO LEYVA 2134 NW 99 AVENUE MIAMI, FLORIDA 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR D ORLANDO DEL VALLE 2134 NW 99 AVENUE MIAMI, FLORIDA 33172

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/22/02-01070-002 **15.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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: X FRANK CONDOM 10-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

jp 10/24/02

Attachment to: **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)
SIAM LCB, INC.
SECTION 11. "OFFICERS AND DIRECTORS

TREASURER T
ARIAS, ALFREDO
2134 NW 99TH AVENE
MIAMI, FLORIDA 33172

VICE TREAURER V/T
GOMEZ, JOSE R.
2134 NW 99TH AVENUE
MIAMI, FLORIDA 33172