FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113653

1. Entity Name
David Simmon Lam and Investors, Inc.

FILED
04 FEB -4 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
9655 South Dixie Hwy	9655 South Dixie Hwy
Suite, Apt. #, etc.: Suite 104	Suite, Apt. #, etc.: Suite 104
City & State: Pinecrest, Florida	City & State: Pinecrest, Florida
Zip: 33156 Country: Dade	Zip: 33156 Country: Dade

4. FEI Number: 65-115 7637 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Paulina Lam

Street Address (P.O. Box Number is Not Acceptable): 9655 South Dixie Hwy S-104

City: Pinecrest FL Zip Code: 33156

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: _____ Feb 03 04
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	President, CEO
NAME	Paulina Lam
STREET ADDRESS	9655 South Dixie Hwy S-104
CITY-ST-ZIP	Pinecrest, Fl 33156
TITLE	Vice President
NAME	Ivan Espinosa
STREET ADDRESS	11000 SW 132ST
CITY-ST-ZIP	Miami, Fl 33165
TITLE	Vice-Director
NAME	Mario Urizar
STREET ADDRESS	9655 South Dixie Hwy S-104
CITY-ST-ZIP	Pinecrest, Fl 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100025955854
03/05/04--01030--030 **158.75

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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)(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: _____ Feb 04 2004 (305) 794-3149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #