

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90977 022 ***158.75

DOCUMENT # P02000041314
1. Entity Name
PINES HOLDINGS CORPORATION



DO NOT WRITE IN THIS SPACE

11021829

2. Principal Place of Business
6241 WILLET CT
Suite, Apt. #, etc.

3. Mailing Address
6241 WILLET CT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip
34202

Country
U.S.A

Zip
34202

Country
U.S.A

4. FEI Number
56-232-0448

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
LAM, MUN

Street Address (P.O. Box Number is Not Acceptable)
6241 WILLET CT

City
BRADENTON

State
FL

Zip Code
34202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *(Signature)* **(President)**

4-24-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD LAM, MUN 6241, WILLET CT BRADENTON, FL 34202 |
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature)* **(Mun Lam)**

4-24-03 941-739-8619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR225548 (12/02)