FILED
Jun 23, 2003 8:00 am
Secretary of State

04-14-2003 90726 014 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted]

11-3646480

[redacted]

[redacted]

DOCUMENT # P02000083083

1. Entity Name
LHB INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
16100 NE 9TH PLACE N. MIAMI BCH, FL 33162	16100 NE 9TH PLACE N. MIAMI BCH, FL 33162

2. Principal Place of Business	3. Mailing Address
16100 NE 9 place	16100 NE 9 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33162 Country	Zip: 33162 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 11364648042 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAPID CORPORATE SUPPLIES, INC. 17100 NE 19TH AVE. N. MIAMI BCH, FL 33162	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 ______ DATE

[illegible]

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELIZAIRE, LOUIS H. 16100 NE 9TH PLACE N. MIAMI BCH, FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Louis H Bélizaire 04-08-03

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