

FILED

03 JUN -6 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000107708					
1. Entity Name LAMOUR REALTY, INC.					
Principal Place of Business P.O. BOX 593462 ORLANDO, FL 32859			Mailing Address P.O. BOX 593462 ORLANDO, FL 32859		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number				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		
LAMOUR, ALEJANDRO SR. 2237 BLOSSOM TERRACE ORLANDO, FL 32839			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 _____ (NOTE: Registered Agent's signature required when registering.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LAMOUR, ALEJANDRO SR.		NAME		
STREET ADDRESS	P.O. BOX 593462		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32859		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an other like empowered.					
SIGNATURE: _____			6/2/02 407-859-8628		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

☐ CHECK HERE IF MAKING CHANGES70002077967
06/11/03--01053--018 ***50.00

CHG 03/01/02

g/c

Lamour Realty, Inc.
P.O. Box 593462
Orlando, Fl. 32859-3462
June 2, 2003

Florida Department of State
Division of Corporations
Corporate Filing
P.O. Box 6327
Tallahassee, Fl. 32314

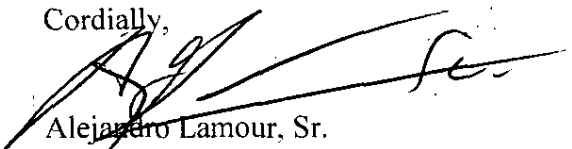
Gentlemen:

Included is Uniform Business Report 2003 for Lamour Realty, Inc. and our check for \$150.00.

For some reason unbeknownst to us we did not receive your documents if they were sent to us so compromise on this situation.

Thank you so much.

Cordially,



Alejandro Lamour, Sr.
President