FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 25 PM 4:45

DOCUMENT # P02000110013

1. Entity Name

LANE DIMENSIONS, INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1811 N.W. 142nd Terr.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State
Zip: 33028 Country: USA	Zip Country

4. FEI Number: 542080822 ☐ 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: Rodolfo Tarazona

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

1811 N.W. 142nd Terr

City: Pembroke Pines FL Zip Code: 33028

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: Rodolfo Tarazona
Signature of president or other officer or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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: Pst NAME: Rodolfo Tarazona STREET ADDRESS: 1811 N.W. 142 nd Terr CITY-ST-ZIP: Pembroke Pines, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000031849000 04/05/04--01073--015 **300.00
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

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

Division of Corporations
P.O.BOX 6327
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 300.00 for the annual report fee with my application.

Please be advise that we moved to 1811 NW 142nd Terr PEMBROKE PINES, FL 33028 since December of 2002 and we not received the U.B.R. for the year ,2003, 2004 or any other notice from the Division of Corporations in respect with my Corporation **LANE DIMENSIONS, INC.**

Rodolfo Tarazona

RODOLFO TARAZONA
PRESIDENT