

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90443 038 \*\*\*150.00

DOCUMENT # **P93000073777** ✓

1. Entity Name

LAP MAIL & BUSINESS CENTER, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

NONE (close for public)

Suite, Apt. #, etc.

3. Mailing Address

9451 SW 164th C

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami, FL 33186

4. FEI Number

650450858

Applied For

Not Applicable

Zip

Country

Zip

33186

Country

U.S.A

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

Pedro Bolanos

Street Address (P.O. Box Number's Not Acceptable)

15449 SW 35 Terrace

City

Miami

FL

Zip Code  
33185

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

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 \$81.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

President: Pedro Bolanos  
15449 SW 35th Terrace  
Miami, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Vice-President/Secretary  
Lissette Bolanos  
9451 SW 164 Court, Miami, FL  
33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

Pedro Bolanos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2002

Date

305-588-9550  
Daytime Phone #

CR2E034B (12/01)