

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90218 001 *****8.75
04-17-2002 90218 002 ***150.00

DOCUMENT # P94000024420

1. Entity Name
LAMB CONSTRUCTION INC.

Principal Place of Business
**1320 NW 196 TERRACE
MIAMI FL 33169**

Mailing Address
**PO BOX 694135
MIAMI FL 33169**

2. Principal Place of Business
1320 NW 196 TER

3. Mailing Address
P.O. Box 694135

Suite, Apt. #, etc.
MIAMI FLA

Suite, Apt. #, etc.

City & State

City & State
MIAMI FLA

4. FEI Number **65-0478441**

Applied For
Not Applicable

Zip
33169

Country
DADE

Zip
33264-4135

Country
DADE

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

**JOHNSON, ERROL
1320 NW 196 TERRACE
MIAMI FL 33169**

Name
ARTHUR JOHNSON

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

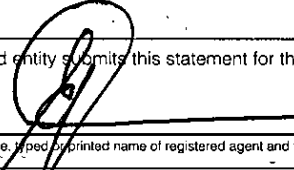
2981 NW 175 ST

City
MIAMI

FL

Zip Code
33056

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.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

04/04/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JOHNSON, ERROL
1320 NW 196 TERRACE
MIAMI FL 33169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ARTHUR JOHNSON VP
2981 NW 175 ST
MIAMI FLA. 33056** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
JOHNSON, ROSE M
1320 NW 196 TERRACE
MIAMI FL 33169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

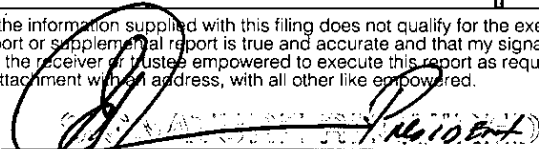
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/02

Date

905-651-3125

Daytime Phone #

CR2E034 (9/01)