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	Mailing Address
1320 NW 196 TERRACE MIAMI FL 33169	PO BOX 694135 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

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
Zip: 33169 — Country: DADE	Zip: 33269-4135 — Country: DADE

4. FEI Number 65-0478441 ☐ 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
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 [signature] 04/04/02
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) ☑

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 / NAME / STREET ADDRESS / 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
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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] President 04/04/02 305-651-3125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)