## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

## FILED DOCUMENT # P94000072318 May 23, 2000 8:00 am 1. Entity Name LANMAR PROPERTIES, INC. Secretary of State 05-23-2000 90269 037 \*\*\*150.00 Mailing Address Principal Place of Business 7260 S.W. 134TH TERR. 7260 S.W. 134TH TERR. MIAMI FL 33156-6848 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0539716 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SINGER, DAVID H Street Address (P.O. Box Number is Not Acceptable) 13320 SW 128 ST. MIAMI FL 33186 City Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE TITLE MORALES, ORLANDO A NAME STREET ADDRESS 7260 S.W. 134TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP **MIAMI FL 33156** ☐ Change Addition ☐ Delete TITLE TITLE NAME MORALES, MARTA R NAME STREET ADDRESS STREET ADDRESS 7260 S.W. 134TH TERRACE CITY-ST-ZIP 'CITY-ST-ZIP **MIAMI FL 33156** Change - - Addition Delete -TITLE-- -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 that eport 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 truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address with all other like empowered. 13. I hereby certify that the information su indicated on this report or supplen of the corporation or the receiver changed, or on an attachment