AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 AUG 20 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099236

1. Entity Name
LAMINAISON,INC.

Principal Place of Business	Mailing Address
6405 NW 36 Street Suite 202 Virginia Gardens,FL 33166	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6405 NW 36 Street	6405 Nw 36 Street
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202
City & State Virginia Gardens,Fl	City & State Virginia Gardens,Fl
Zip 33166 Country US	Zip 33166 Country US

4. FEI Number
65-0711895
☐ 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
LUIS CAMEJO 4898 NW 7 Street Miami,Fl 33126	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE MONTH FEE IS $150.00
After MAY 1, 2001 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	President Suzanne Guasch 540 Brickell Key DR #1224 Miami,Fl 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004560204---8 -08/28/01--01068--018 *****62.50 *****62.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Peter Suarez 5961 SW 96 Ave Miami,Fl 33173 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Peter Suarez 5961 SW 96 Ave Miami,Fl 33173 ☐ 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 LS
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

CR2E034 (11/00)

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: Suzanne Guasch Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR