## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 23, 2001 8:00 am DOCUMENT # P97000087601 **Secretary of State** 1. Entity Name LAMARTINA HOME CORP. 01-23-2001 90091 012 \*\*\*150.00 Principal Place of Business Mailing Address 22330 BUSHING ST 22330 BUSHING ST **BOCA RATON FL 33428** BOCA RATON FL 33428 συσυση 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0790105 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMARTINA, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 22330 BUSHING ST **BOCA RATON FL 33428** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Ptesident Lamartina Thorning 37 22330 Bushing St. NAME LAMARTINA, THOMAS NAME STREET ADDRESS STREET ADDRESS 11192 TERRADAS LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** vice - President ☐ Delete TITLE TITLE Change ☐ Addition Lamartina Rudy NAME NAME LAMELTINA, RUDY 11607 orangeblossom Lh STREET ADDRESS STREET ADDRESS 11607 ORANGE BLOSSOM LANE CITY-ST-ZIP CITY-ST-ZIP FL **BOCA RATON FL 33428** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.