

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000049692

1. Entity Name

LEMIKA BRICK, TILE & PAVERS, INC.

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90465 007 \*\*\*158.75

Principal Place of Business

Mailing Address

3821 N.W. 9TH AVENUE., APT 3-A  
 POMPANO BEACH FL 33064

3821 N.W. 9TH AVENUE., APT 3-A  
 POMPANO BEACH FL 33064

2. Principal Place of Business

4710 NE 15 AVE

3. Mailing Address

4710 NE 15 AVE

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

650838206

Applied For

Not Applicable

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

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

CLAUDIONOR T. LEMIKA

3821 N.W. 9TH AVENUE., APT 3-A

POMPANO BEACH FL 33064

Name

CLAUDIONOR LEMIKA

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

4710 NE 15 AVE

City

Pompano Beach

FL

Zip Code

33064

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, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

05/01/01

DATE

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

☐

FILE NOW

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

Fee 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 PSTD ☒ Delete  
 NAME CLAUDIONOR T. LEMIKA  
 STREET ADDRESS 3821 N.W. 9TH AVENUE., APT 3-A  
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE PSTD ☐ Change ☒ Addition  
 NAME CLAUDIONOR LEMIKA  
 STREET ADDRESS 4710 NE 15 AVE  
 CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 is required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 N 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

05/01/01

Date

(954) 784-2817

Daytime Phone #