

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90445 045 ***150.00

DOCUMENT # P98000085076

1. Entity Name

LINCOLN MOLD CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

921 NW 143 ST

3. Mailing Address

921 NW 143 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI, FL

City & State

N. MIAMI, FL

4. FEI Number

65-0870068

Applied For

Not Applicable

Zip

33168

Country

USA

Zip

33168

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Carl Kreis

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

921 NW 143 ST.

City

N. MIAMI

FL

Zip Code

33168

**DO NOT WRITE
IN THIS SPACE**

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.

Carl Kreis

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	D
NAME	Kreis, Carl
STREET ADDRESS	941 NW 143 ST
CITY-ST-ZIP	N. MIAMI, FL 33168
TITLE	D
NAME	Forrest, Hobbit
STREET ADDRESS	941 NW 143 ST.
CITY-ST-ZIP	N. MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Kreis, Pres.

Date

Daytime Phone #

4/13/02 305-685-0777

CR2E034B (12/01)