

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

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

6323 Gage PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI, FL

City & State

Miami, FL

Zip *33168*

Country *USA*

Zip *33014*

Country *USA*

4. FEI Number

65-0870064

Applied For

Not Applicable

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 *33168*

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 *Carl Kreis*

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

Carl Kreis

4/12/03

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>D Carl Kreise 6323 Gage PL MIAMI, FL 33014</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Hobbit Forrest 6323 Gage PL MIAMI, FL 33014</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: *Carl Kreis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Kreis, Pres. 4/12/03 305-685-0777

Date

Daytime Phone #

CR2E034B (12/01)