

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90037 023 \*\*\*150.00

**DOCUMENT # P98000090428**

1. Entity Name

**LCM ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**C/O CARL FREDERICK, JR**  
**9233 SW 8TH STREET**  
**BOCA RATON FL 33428****C/O CARL FREDERICK, JR**  
**9233 SW 8TH STREET**  
**BOCA RATON FL 33428-6805**

00011020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2495 NW 39th STREET** **2495 NW 39th STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**BOCA RATON, FLORIDA****BOCA RATON, FLORIDA**4. FEI Number **65-0879980**

Applied For

Not Applicable

**33431**

Country

**33431**

Country

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

**FREDERICK, CARL JR**  
**9233 S.W. 8TH STREET**  
**BOCA RATON FL 33428**

Name

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

**2495 N.W. 39th STREET**

City

**BOCA RATON**

FL

Zip Code

**33431**

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 ☐ Delete  
NAME **CP**  
STREET ADDRESS **FREDERICK, CARL JR**  
CITY-ST-ZIP **9233 SW 8TH STREET**  
**BOCA RATON FL 33428**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2495 N.W. 39th STREET**  
CITY-ST-ZIP **BOCA RATON, FLORIDA 33431**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 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: **Carl Frederick, Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate **4/17/2000** Daytime Phone # **(561) 483-1402**

CR2E034 (9/99)