

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90048 009 ***150.00

DOCUMENT # P98000102099

1. Entity Name
LAKESIDE HOMES, INC.

Principal Place of Business *717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES FL 33134	Mailing Address 717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES FL 33134
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0917751	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

FABRE, FRANK R
717 PONCE DE LEON BLVD. STE. 234
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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 _____
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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PD HENRIQUEZ, MARIO	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	777 BRICKELL AVENUE STE. 1170		
CITY-ST-ZIP	MIAMI FL 33131		
	S FABRE, FRANK R S	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	717 PONCE DE LEON BLVD STE 234		
CITY-ST-ZIP	CORAL GABLES FL 33134		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *(Signature)* **FRANK R. FABRE, Sec.** **4/16/02** **305-446-3266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004470
 AV
 CR2E034 (9/01)