

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043830

1. Entity Name

LCM International Group, Corp

FILED

02 DEC 19 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8045 NW 36 Street

3. Mailing Address

Suite, Apt. #, etc.
Suite 540

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number
65-0921120

Applied For
Not Applicable

Zip
33166

Country
US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Pedro Sosa

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

8045 NW 36 Street, Suite 540

City
Miami

FL

Zip Code
33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/16/2002

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
Pedro Sosa - President
8045 NW 36 Street, Suite 540
Miami, FL, 33166

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

12/16/2002

Date

Daytime Phone #

CR2E034B (12/01)

December 16, 2002

Division of Corporations
PO BOX 6478
Tallahassee, FL, 32314

Dear Sirs,

The following note is to request your consideration regarding to the Uniform Business Report of LCM International Group, Corp which was not presented on time, because the UBR Report was not received by the corporation.
Please find enclosed a check for \$150 to comply with the filing fee.

Thanks in advance for the cooperation regarding this matter.

Best Regards,

R. NAVARRO
Ricardo Navarro
Accounting Manager
President