FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 13, 2001 8:00 am DOCUMENT # P99000045054 **Secretary of State** LAWBUCK APARTMENTS, INC. 03-13-2001 90061 048 \*\*\*158.75 Principal Place of Business Mailing Address 14920-30 NE 11 COURT P.O. BOX 50A MONTAGO BAY 2 JAMAICA WI NORTH MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 11-2920250 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHRISTINE M MORENO ATTORNEY PA Street Address (P.O. Box Number is Not Acceptable) 13122 W DIXIE HWY STE C NORTH MIAMI FL 33161 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change TITLE ☐ Delete TITLE LAWSON, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 504 CITY-ST-ZIP CITY-ST-ZIP MONTEGO BAY 2, JAMAICA W.IND ☐ Change ☐ Addition ☐ Delete TITLE LAWSON, RICHARD F NAME NAME STREET ADDRESS STREET ADDRESS 14920-30 NE 11 COURT CITY-ST-7IP CITY-ST-ZIP NORTH MIAMI FL 33161 ☐ Change ...... ☐ Addition TITLE TITLE ☐ Delete LAWSON, DAPHNE A NAME NAMÈ STREET ADDRESS STREET ADDRESS 14920-30 NE 11 COURT CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33161 ☐ Change TITLE □ Addition ☐ Delete TITLE LAWSON, NOVA NAME NAME 14920-30 NE 11 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33161 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR