

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052331

1. Entity Name

LAME, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90039 013 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4227 N W 5TH STREET, #8~~  
~~MIAMI FL 33126~~

~~4227 N W 5TH STREET, #8~~  
~~MIAMI FL 33126~~  
605 BRADLEY COURT  
MT. LAUREL, NJ 08054

2. Principal Place of Business

3. Mailing Address

4829 NW 108 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

4. FEI Number

65-0823897

Applied For

Not Applicable

Zip

Country

Zip

Country

33178

USA

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

LARA, RICHARD  
4227 N W 5TH STREET, #8  
MIAMI FL 33126

Name  
MICHEL SERGE VALME

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

4829 NW 108 PLACE

City MIAMI, FL

Zip Code

33178

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)

0325.00

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 D ☐ Delete  
NAME LARA, RICHARD  
STREET ADDRESS 4227 N W 5TH STREET, #8  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 605 BRADLEY COURT  
CITY-ST-ZIP MT. LAUREL, NJ 08054

TITLE D ☐ Delete  
NAME VALME, MICHEL SERGE  
STREET ADDRESS 8585 N W 6TH LANE, #108  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4829 NW 108 PLACE  
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0325.00 3055023081

Date

Daytime Phone #

CR2E034 (9/99)