

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

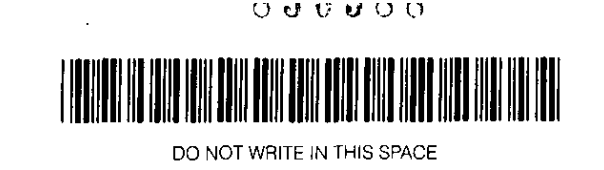
**DOCUMENT # P99000052331**

1. Entity Name  
**LAME, INC.**

Principal Place of Business <del>4227 N W 5TH STREET, #8</del> <del>MIAMI FL 33126</del>	Mailing Address <del>4227 N W 5TH STREET, #8</del> <del>MIAMI FL 33126</del> <b>605 BRADLEY COURT</b> <b>MT. LAUREL, NJ 08054</b>
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2. Principal Place of Business <b>4829 NW 108 PLACE</b>	3. Mailing Address ↓
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FL</b>	City & State
Zip <b>33178</b>	Country <b>USA</b>



4. FEJ Number <b>65-01823897</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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]* DATE: **0325.00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LARA, RICHARD</b> <b>4227 N W 5TH STREET, #8</b> <b>MIAMI FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>605 BRADLEY COURT</b> <b>MT. LAUREL, NJ 08054</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VALME, MICHEL SERGE</b> <b>8585 N W 6TH LANE, #108</b> <b>MIAMI FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4829 NW 108 PLACE</b> <b>MIAMI, FL 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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]* DATE: **0325.00** Daytime Phone #: **305 502 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)