1. Entity Name

DANIEL G. LEMAITRE GROUP, INC.				بر <u>شک</u> ند ، _ا	~•	FILED				
Principal Place of Business Mailing Address						00 OCT 20 PM 12: 17				
Principal Place of Business 11702 S.W. 144 COURT 11702 S.W. 1 MIAMI, FL. 33186 Mailing Address 11702 S.W. 1						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 3636 HIBISCUS S Suite, Apt. #, etc.	TREET 199 Suite,	3. Mailing Address 199 OCEAN LANE DRIVE Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS	SPACE		
City & State MIAMI, FL.	#508 City &		E. F'		4. FEI Numb	er 92658 <u>1</u>			Applied For	
Zip Country 33133 U.S	Zip	9	Count		5. Certificate	of Status Desired	X	\$8.75 / Fee Requ		
GABRIEL PRATS 2121 PONCE DE L SUITE #240 CORAL GABLES, F	L. 33134			Street Addr 117 City MIA	IEL G. LE ess (P.O. Box Numb 02 S.W. 1	er is Not Acceptable 4.4 COURT	F	L Zip C	186	
8. The above named entity submits to SIGNATURE Signature, typed or writed have 9. This corporation is eligible to satis Tax filing requirement and elects to (See criteria on back)	of rugistared agent and title if applications of the second secon		E: Registered	d Agent signature rils \$150.00 will be \$550	equired when reinslating) 10. El	ection Campaign Fi ust Fund Contributio	DATE nancing on.	\$5 □ Add	5.00 May Be ded to Fees	
TITLE D.	LEMAITRE W. 144 COURT L. 33186	Delete		E ET ADDRESS	ADDITIONS D,P,T. DANIEL G. 199 OCEAN KEY BISCA	LANE DR	E . #50	X Chang		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		E	D,S DANIEL E. 199 OCEAN KEY BISCA			Chang	ge <u>K</u> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		:		80000 -11/6 ***		Chang	=	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					rioo, f	☐ Chang	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	on supplied with this filling d	☐ Delete	CITY	E EET ADDRESS - ST - ZIP				□ Chang		

I hereby certify that the information supplied with this filling 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. 13.

2	C	N/	۱Т	11	D.	
7	IJ	14/	¬ ı	v	Г	•

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL G. LEMAITRE 10-18-00

Daytime Phone #

200

Octoberber 18, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2000 Uniform Business Report (U.B.R.) for our company has not been filed.

According to our records we didn't receive the 2000 U.B.R. form. Enclosed is a completed 2000 U.B.R. and a check for \$158.75. We hereby request an abatement of the \$400.00 filling late penalty.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,

DANIEL G. LEMAITRE GROUP, INC.