FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR)

FILED Sep 03, 2002 8:00 am Secretary of State

UNIFORM BUSIN	ESS REPORT	「(UBR)	•	y of State
DOCUMENT # P990000)54983		09-03-2002 901	13 029 ***158.75
DANIEL G. LEMAITRE	GROUP, INC.	$\sqrt{}$		
V			G 7	7671
DO NOT WRITE	IN THIS SI	PACE	9 (1011
DO NO. WINT.	- 114 11110 01	AUL		
2. Principal Place of Business	3. Mailing Address			
1110 BRICKELL AVE. 2121 PONCE DE LEON B Suite, Apt. #, etc. 4.20 Suite, Apt. #, etc.				
430 240		DO NOT WRITE IN THIS SPACE		
City & State MIAMI, FL	City & State CORAL GABLES, FL		4. FEI Number 65-0926581	Applied For
Zip 33131 Country	7 in	レビン・トド Country		Not Applicable \$8.75 Additional
33131	33134			Fee Required
		Name D.D.	7. Name and Address of Current Registered	Agent
DO NOT MOITE PRA			ATS, GABRIEL	
		Street Address (P.O. Box Number is Not Acceptable)	
. IN THIS SPACE 2121		2121 P(ONCE DE LEON BLVD., #240	
		City	RAL GABLES FL	Zip Code
8. The above named entity submits this statement for	or the purpose of changing its			33134
	-4-	-1933666 011100 01 70915161	ad agent, or both, in the state of Florida.	
SIGNATURE Signature, typed or printed have of registered agent	and tills of a policy blog A MOTE	December 1		
		Registered Agent signature required By 1 Fee is \$150.00	when renstating) DATE	
Tax filing requirement and elects to do so.		1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
(See criteria on back)		l UBR is \$61.25 le to Department of Stat	Trust Fund Contribution.	Added to Fees
11. OFFICERS AND				
TITLE DPTS		TITLE		(5)
NAME LEMAITRE, DANIE		NAME STREET ADDRESS		(12)
STREET ADDRESS 199 OCEAN LANE KEY BISCAYNE, F	DK., #508-5 1. 33170	CITY: ST: ZEP		T T
TITLE	H4.4.4.9.2	TITLE	1000	CROEGAR
NAME		NAME		12
STREET ADDRESS CITY-ST-ZIP	į.	STREET ACCRESS CITY - ST- 72P		
TITLE		TOTALE		
NAME	· · · · · · · · · · · · · · · · · · ·	NAME		-
STREET ADDRESS		STREET ADDRESS	DO NOT WRIT	r e
CITY - ST - ZIP		CITY ST /IP		
TITLE NAME		TITLE NAME	IN THIS SPAC	E
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY: ST: ZIP		
TITLE		THLE		
NAME STREET ADDRESS		NAME SIDELT ADORESS		
CITY-ST-ZIP		STREET ADDRESS CREY: ST: 852		
HILE		BILE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS	PC gas	
CITY-ST-ZIP	this filling does not	CIY:SI:IP	*(ap. 110.07(0)(i) F1 + 11.00	
 I hereby certify that the information supplied with indicated on this report or supplemental report is 	true and accurate and that my	ne exemption stated in Sec / signature shall have the sa	साठम । 19.07(3)(।), Florida Statutes. I further certif ame legal effect as if made under oath; that I an	y that the information n an officer or director

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

Dale

Daytime Phone #

attachment #P99000054983aM611

DANIEL G. LEMAITRE GROUP, INC. 2121 Ponce de Leon Blvd #240 Coral Gables, FL 33134

August 26, 2002

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 2002 Uniform Business Report (U.B.R.) for our company has not been filed.

According to our records we didn't receive the 2002 U.B.R. form. Enclosed is a completed 2002 U.B.R. and a check for \$158.75. We hereby request an abatement of the filling late penalties.

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

Sincerely,

DANIEL G. LEMAITRE GROUP, INC.

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