

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90353 024 \*\*\*158.75

D206903 AV

**DOCUMENT # P99000059535**

1. Entity Name  
**LCM NORTH AMERICA, CORP.**



Principal Place of Business  
**2533-B NW 72ND AVE  
MIAMI FL 33122**

Mailing Address  
**2533-B NW 72ND AVE  
MIAMI FL 33122**



2. Principal Place of Business  
**2533 B NW 72 AVE**

3. Mailing Address  
**P.O. Box 528001**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33122**

Country  
**U.S.A.**

Zip  
**33152**

Country  
**U.S.A.**

4. FEI Number  
**65-0937961**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEGALOUIS, LOUIS C  
2533-B NW 72ND AVE  
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MEGALOUIS, LOUIS C CALLE 30 #36X35X37 COL EMILIANO ZAPATA MERIDA, MEXICO 97129</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DE JESUS, ABELARDO CALLE CENTRAL PONIENTEXAV. 3 OTE. PROGRESO, YUCATAN, MEXICO</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RICHARDS, RONALD R 1645 NW 56 TERR. LAUDERHILL FL 33313</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CABRERA PENICHE, J. JESUS A CALLE CENTRAL, PONIENTEXAV. 3 OTE. PROGRESO, YUCATAN, MEXICO</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: J. JESUS A. CABRERA PENICHE (305) 205-2380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04/25/03** Daytime Phone #

CR2E034 (10/02)