2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 23, 2001 8:00 am DOCUMENT # P99000069201 **Secretary of State** L H SALES, INC. 03-23-2001 90030 039 ***150.00 Principal Place of Business Mailing Address 9 SW 13TH STREET 2800 SW 4TH AVE FORT LAUDERDALE FL 33316 **BAY 19** FORT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0940475 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AWRENCE LEMKOW JOHNSON, SEAN Street Address (P.O. Box Number is Not Acceptable) 9 SW 13TH STREET 56 FORT LAUDERDALE FL 33316 CONDERDALL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change Addition NAME LEMKOW, LAWRENCE NAME STREET ADDRESS STREET ADDRESS O-SW-13TH STREET 1402 5W 1745T CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 TITLE TITLE ☐ Addition ☐ Delete NAME HASTIE, MICHAEL NAME STREET ADDRESS STREET ADDRESS 9 SW 19TH STREET 402 SW 17955 CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33316 TITLE ☐ Delete TITLE Change ☐ Addition LEMKOW, VERA T NAME NAME STREET ADDRESS 17th 5r STREET ADDRESS 6 SW 13TH ST 1402 SW CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attact man that my name appears in Block 11 or Block 12 if