

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000082370**1. Entity Name  
LAWRENCE BUSINESS SOLUTIONS, INC.

## Principal Place of Business

16331 S.W. 104 AVENUE

MIAMI  
33157

FL

## Mailing Address

16331 S.W. 104 AVENUE

MIAMI  
33157

FL

## 2. Principal Place of Business

15491 S.W. 113 AVENUE

## 3. Mailing Address

15491 S.W. 113 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

MIAMI

FL

## City &amp; State

MIAMI

FL

## Zip

33157

## Country

US

## Zip

33157

## Country

US

## 4. FEI Number

65-0951840

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

INJE CHARLES O  
18101 N.W. 68 AVENUE, #B-206HIALEAH  
33015

FL

US

## 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.

SIGNATURE \_\_\_\_\_ 04/28/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PESTAINA CHERYL A	
STREET ADDRESS	16702 SW 114 CT.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAWRENCE MYRTLE B	
STREET ADDRESS	16331 S.W. 104 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAWRENCE JOSEPH A	
STREET ADDRESS	16331 S.W. 104 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESTAINA CHERYL A	
STREET ADDRESS	16702 SW 114 CT.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE MYRTLE B	
STREET ADDRESS	15491 S.W. 113 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE JOSEPH A	
STREET ADDRESS	15491 S.W. 113 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE: Joseph A. Lawrence

P

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)