2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000082370

City-St-Zip:

MIAMI, FL 33157 US

Entity Name: LAW/RENCE BUSINESS SOLUTIONS INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Littly Nai	HE. LAVVELN	ICE BOSINESS SOLOTIONS, II	VC.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
15491 S.W MIAMI, FL	7. 113 AVENUE 33157 US	Ξ			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
15491 S.W. 113 AVENUE MIAMI, FL 33157 US					
FEI Number:	65-0951840	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
INIJE, CHARLES O 18101 N.W. 68 AVENUE, #B-206 HIALEAH, FL 33015 US			19530 N.E. 1ST PLACE		
	named entity s of Florida.	submits this statement for the pu	urpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE: STEVEN	K. GOODRIDGE, CPA		04/30/2002	
Electronic Signature of Registered Agent			nt	Date	
		o satisfy its Intangible Tax filing requ g Trust Fund Contribution().	irement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name: Address: City-St-Zip:	P () LAWRENCE, JO 15491 S.W. 11: MIAMI, FL 331	3 AVENUE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	V () LAWRENCE, M 15491 S.W. 11: MIAMI, FL 331:	3 AVENUE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D () PESTAINA, CHI 16702 SW 114		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSEPH A. LAWRENCE MR. 04/30/2002