

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90031 044 ***150.00

DOCUMENT # P99000102904

1. Entity Name

LANCRI BROS. CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14707 S. DIXIE HWY

3. Mailing Address

14707 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 211

Suite, Apt. #, etc.

SUITE 211

City & State

MIAMI, FL

City & State

MIAMI, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0965089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOMINGO ALONSO

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

301 ALMERIA AVENUE #3

City

CORAL GABLES

FL

Zip Code

33134

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME LANCRI, FREDERIC B
STREET ADDRESS 14707 S DIXIE HWY #211
CITY - ST - ZIP MIAMI, FL 33176

TITLE VP
NAME LANCRI, MICHAEL C.
STREET ADDRESS 14707 S DIXIE HWY #211
CITY - ST - ZIP MIAMI, FL 33176

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #