

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-3278 AV

DOCUMENT # P99000107844

1. Entity Name
LAGOM INCORPORATED

04-01-2002 90034 004 ***150.00

Principal Place of Business
101 SUNRISE DR #10
KEY BISCAYNE FL 33149

Mailing Address
101 SUNRISE DR #10
KEY BISCAYNE FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0968054		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HERNE, LARS 101 SUNRISE DR #10 KEY BISCAYNE FL 33149				Name HERNE, ANISSIA N			
				Street Address (P.O. Box Number is Not Acceptable) 101 SUNRISE DR #10			
				City KEY BISCAYNE		FL	

8. The above named entity is being reinstated for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Valasha Herne* **ANISSIA N HERNE,** DATE: **03/19/02**

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPTS	<input checked="" type="checkbox"/> Delete		TITLE	DPTS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HERNE, LARS			NAME	HERNE, ANISSIA N		
STREET ADDRESS	101 SUNRISE DR #10			STREET ADDRESS	101 SUNRISE DR #10		
CITY-ST-ZIP	KEY BISCAYNE FL 33149			CITY-ST-ZIP	KEY BISCAYNE, FL 33149		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this report is true and correct to the best of my knowledge 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; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: *Valasha Herne* **ANISSIA N HERNE** DATE: **04/01/02** DAYTIME PHONE: **305 299 2954**

SIGNATURE AND TYPE: **ANISSIA N HERNE** DATE: **04/01/02** DAYTIME PHONE: **305 299 2954**

CR2E034 (9/01)