

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-29-2002 90688 037 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34085

1. Entity Name

LA PALMA RESTORATION CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

116 ALHAMBRA CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL GABLES FL.

City & State

Zip

33134

Country
USA

Zip

Country

4. FEI Number

65-0294018

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LYNN WILSON

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

116 ALHAMBRA CIRCLE

City

CORAL GABLES

FL

Zip Code

33134

DO NOT WRITE
IN THIS SPACE

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, type or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature is required when translating)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
LYNN WILSON, PRESIDENT
116 ALHAMBRA CIRCLE
CORAL GABLES, FL. 33134

TITLE
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CITY - ST - ZIP

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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:

Lynn Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2002

Date

Daytime Phone #

305-442-4041

Attachment
534085

LYNN WILSON ASSOCIATES INTERNATIONAL

116 Alhambra Circle
Coral Gables, FL 33134
T: (305) 442-4041 F: (305) 443-4276

June 14, 2002

Ms. Katherine Harris / Secretary of State
Florida Department of State

Re: La Palma Restoration Corp. #S34085

Dear Ms. Harris,

Attached is the corrected report with Lynn Wilson as President of La Palma Restoration Corporation.

Thank you,

Lynn Wilson.