2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90017 023 ***150.00

DOCUMENT # L67655

Name

...LOR CORP.

Principal Place of Business	Mailing Address
~~6100 NW 2ND AVENUE #321~~ S. ROSENFELD ~~BOCA RATON FL 33487~~	~~6100 NW 2ND AVENUE #321~~ C/O S. ROSENFELD ~~BOCA RATON FL 33487-3098~~ US

C0009528

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6578 VIA TRENTO	6578 VIA TRENTO
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL	City & State: DELRAY BEACH FL
Zip: 33446 Country: USA	Zip: 33446 Country: USA

4. FEI Number 65-0190804 ☐ Applied For ☐ Not Applicable

~~5. Certificate of Status Desired~~ ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENFELD, SOLOMON
~~6100 NW 2ND AVENUE, #321~~
~~BOCA RATON 33487~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 6578 VIA TRENTO

City DELRAY BEACH FL Zip Code 33446

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

... corporation is eligible to satisfy its Intangible ... filing requirement and elects to do so. (See criteria on back) X

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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: D NAME: ROSENFELD, SOLOMON ADDRESS: ~~6100 NW 2ND AVENUE, APT 321~~ 6578 VIA TRENTO CITY-ST-ZIP: ~~BOCA RATON FL~~ DELRAY BEACH FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] 1/15/2000 561-499-1897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #