

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90788 014 ***150.00

DOCUMENT # P97000021102

1. Entity Name
LORIMAR SALES & SERVICE, INC.

Principal Place of Business
~~181 NW 154 AVE~~
~~PEMBROKE PINES FL 33028~~

Mailing Address
~~181 NW 154 AVE~~
~~PEMBROKE PINES FL 33028-1827~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1273 SW 161 AVENUE

3. Mailing Address
1273 SW 161 AVENUE

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

4. FEI Number
65-0732597

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
33027

Country
USA

Zip
33027

Country
USA

6. Name and Address of Current Registered Agent

DEL RIO, LORRAINE
~~181 NW 154 AVE~~
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name
DEL RIO, LORRAINE

Street Address (P.O. Box Number is Not Acceptable)
1273 SW 161 AVENUE

City
PEMBROKE PINES FL

Zip Code
33027

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 *Lorraine Del Rio*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

LORRAINE DEL RIO
 PRESIDENT

DATE
1/20/2000

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, 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	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEL RIO, LORRAINE		NAME DEL RIO, LORRAINE	
STREET ADDRESS 181 NW 154 AVE		STREET ADDRESS 1273 SW 161 AVENUE	
CITY-ST-ZIP PEMBROKE PINES FL 33028		CITY-ST-ZIP PEMBROKE PINES, FL 33027	
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 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: *Lorraine Del Rio*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORRAINE DEL RIO
 PRESIDENT

DATE
1/20/2000

Daytime Phone #
305-317-5893

CR2E034 (9/99)