

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/20

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90002 023 \*\*\*150.00

**DOCUMENT # P98000083876**

1. Entity Name

**L & B W MANAGEMENT CORP.**

Principal Place of Business

**750 E SAMPLE ROAD  
 POMPANO BEACH FL 33064**

Mailing Address

**750 E SAMPLE ROAD  
 POMPANO BEACH FL 33064**

**3329**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0862676**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERANDOZZI, LINDA  
 288 NW 41 WAY  
 DEERFIELD FL 33342**

Name

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

City

**FL**

Zip Code

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 re-registering)

DATE

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, 2001 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  Delete  
**D**  
 NAME **PIERANDOZZI, LINDA**  
 STREET ADDRESS **266 NW 41 WAY**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33342** *President*

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**D**  
 NAME **WILKINS, BETTY**  
 STREET ADDRESS **150 CYPRESS CLUB DR #501**  
 CITY-ST-ZIP **POMPANO BEACH FL 33080** *Vice President*

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **BOLDING, ALENE**  
 STREET ADDRESS **5308 NW 57th Terrace**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33067** *Secretary-Treas*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP *TREASURER*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: *Linda Pierandozzi* **LINDA PIERANDOZZI** 4/1/01 954-781-0397  
 SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)