

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90031 008 ***150.00

DOCUMENT # *P99000023417*
 1. Entity Name *L and M Directory Inc.*

Principal Place of Business *7101 W. Commercial Blvd., Ste. 4D*
 Mailing Address *Fort Lauderdale, FL 33319-2142*

2. Principal Place of Business *7101 W. Commercial Blvd.*
 Suite, Apt. #, etc. *Suite 4D*
 City & State *Fort Lauderdale, FL*
 Zip *33319* Country *USA*

3. Mailing Address *7101 W. Commercial Blvd.*
 Suite, Apt. #, etc. *Suite 4D*
 City & State *Fort Lauderdale, FL*
 Zip *33319* Country *USA*

4. FEI Number *065-0347407*
 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Julie A. Jacoby
1170 N. Federal Hwy. #305
Fort Lauderdale, FL 33304

7. Name and Address of New Registered Agent
 Name *Rose M. Wilson*
 Street Address (P.O. Box Number is Not Acceptable) *6342 Walk Circle*
 City *Boca Raton* FL Zip Code *33433*

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 reinstating) 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, 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

<i>V.P.</i> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jacquelyn A. Perkins</i> <input checked="" type="checkbox"/> Delete <i>2144 N.W. 56th Ave.</i> <i>Fort Lauderdale, FL 33313</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<i>V.P.</i> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Maximilian Fernandez</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>4001 S. Ocean Dr. #PA7</i> <i>Hollywood, FL 33019</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rose M. Wilson* *VP* Date *5/5/2000* Daytime Phone # *305-882-2670*

CR2E034 (9/99)