

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 588511

1. Entity Name

L & M FOODS, INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90113 031 \*\*\*150.00

Principal Place of Business

500 NE 185TH STREET  
NORTH MIAMI BEACH FL 33179

Mailing Address

500 NE 185TH STREET  
NORTH MIAMI BEACH FL 33179-4541

2. Principal Place of Business

C/o Leung

Suite, Apt. #, etc.

1155 Manor Court

City & State

Weston, FL 33326

Zip

33326

Country

U.S.A.

3. Mailing Address

C/o Leung

Suite, Apt. #, etc.

1155 Manor Court

City & State

Weston, Florida

Zip

33326

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1862928

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEVIN, NORMAN M.  
1515 N.W. 7TH STREET  
SUITE 106  
MIAMI, FL LP 33125

7. Name and Address of New Registered Agent

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 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

TITLE  
NAME  
ST  
LEUNG, ARLENE S  
STREET ADDRESS  
1155 MANOR COURT  
CITY-ST-ZIP  
FT LAUDERDALE FL ☐ Delete

TITLE  
NAME  
PD  
LEUNG, KELVIN  
STREET ADDRESS  
1155 MANOR COURT  
CITY-ST-ZIP  
FT LAUDERDALE FL ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARLENE LEUNG, Sect'y

Date

4/30/00

Daytime Phone #

934-384-9721