

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 037 ****61.25

DOCUMENT # 729294

1. Entity Name
L & M APARTMENTS, INC.



Principal Place of Business

**555 75TH STREET
#8 4
MIAMI BEACH, FL 33141**

Mailing Address

**555 75TH STREET
#4
MIAMI BEACH, FL 33141**

40004003



03292007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1588755

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

**BASSAKYROU, FRANCESCA
555-75TH STREET, APT. 4
MIAMI BEACH, FL 33141**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ARANGO, SANTI
555 75TH ST., #4
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BASSAKYROU, FRANCESCA
555 75TH ST., #4
MIAMI, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
ROMAN, RINA
555 75TH ST., APT 4
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

Francesca Bassakyr **F.E. BASSAKYROU** 4/17/07 305-865-8396