

2002 UNIFORM BUSINESS REPORT

A00000002003

DOCUMENT # **A00000002033**

1. Entity Name

LAC-MOC, LTD.

FILED

03 FEB 26 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**8751 W. BROWARD BLVD., SUITE 207
PLANTATION FL 33324**

Mailing Address

**8751 W. BROWARD BLVD., SUITE 207
PLANTATION FL 33324**

2. Principal Place of Business

306 SE 6 STREET

3. Mailing Address

306 SE 6 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State

DANIA, FL

City & State

DANIA, FL

4. FEI Number

65-1057286

Applied For

Not Applicable

Zip

33004

Country

USA

Zip

33004

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FUCCILE, PATRICIA

**8751 W. BROWARD BLVD., SUITE 207
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

PATRICIA FUCCILE

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

306 SE 6 STREET

City

DANIA

FL

Zip Code

33004

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.

DATE

2/19/03

9. Capital Contributions
as Shown on record.

\$177,700.00

10. Amount of Capital Contributions
in FLORIDA to date.

177,700 -

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P00000111101**
NAME **2MFJ, INC.**
STREET ADDRESS **306 SE 6TH STREET**
CITY-ST-ZIP **DANIA FL 33004**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400013100654
02/26/03--01010--025 **2052.50**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 2002-2003

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

BK

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PATRICIA FUCCILE

2/19/03 954-7924025

Date

Daytime Phone #

CR2E003 (4/02)

STAPLE CHECK HERE