

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002573

1. Entity Name

L. C. REALTY MANAGEMENT CORP.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90088 037 ***150.00

Principal Place of Business

Mailing Address

6981 NW 18 CT
PUT
MARGATE FL 33063

6981 NW 18 CT
ADJ
MARGATE FL 33063-2477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2806191

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete

NAME COLON, LOUIS
STREET ADDRESS 6981 NW 18TH CT.
CITY-ST-ZIP POMPANO BEACH FL 33063

TITLE CV ☐ Delete

NAME COLON, MANUELA
STREET ADDRESS 6981 NW 18TH CT.
CITY-ST-ZIP POMPANO BEACH FL 33063

TITLE DT ☐ Delete

NAME COLON, LEWIS
STREET ADDRESS 7808 NW 39 CT.
CITY-ST-ZIP CORAL SPRING FL 33065

TITLE DS ☐ Delete

NAME COLON, MICHAEL
STREET ADDRESS 6 SEABROOK CT.
CITY-ST-ZIP GAITHERSBURG MD 20879-5904

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

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NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS COLON (CP)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 954-984-01

CR2E034 (9/99)