

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G53544

1. Entity Name
LUMDOR, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90213 010 ***150.00

Principal Place of Business
2501 NW 17 LANE
STE 1
POMPANO BCH FL 33064
US

Mailing Address
2501 NW 17 LANE
STE 1
POMPANO BCH FL 33064
US

2. Principal Place of Business
7515 NW 65 LANE
Suite, Apt. #, etc.

3. Mailing Address
7515 NW 65 LANE
Suite, Apt. #, etc.

City & State
PARKLAND FL

City & State
PARKLAND FL

Zip
33067

Country
U.S.A.

Zip
33067

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2342605

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

6. Name and Address of Current Registered Agent
GOLDMAN, IRA
7515 NW 65 LANE
PARKLAND FL 33067

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 subscribes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE 03-26-01

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, IRA		NAME		
STREET ADDRESS	7515 NW 65 LANE		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, ELISE		NAME		
STREET ADDRESS	7515 NW 65 LANE		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: DATE 03-26-01 DAYTIME PHONE # 817 0208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)