

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90110 042 ***158.75

DOCUMENT # H09207

1. Entity Name

LMM CORP.

Principal Place of Business

Mailing Address

~~6501 PARK OF COMMERCE BLVD.~~

~~6501 PARK OF COMMERCE BLVD.~~

~~BOCA RATON FL 33487~~

~~BOCA RATON FL 33487 8285~~

2. Principal Place of Business

2901 CLINT MOORE RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

144

Suite, Apt. #, etc.

City & State
 BOCA RATON, FL.

City & State

4. FEI Number 59-2425613

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE



Zip
 33496-2041

Country
 USA

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~D'ESPRES, KEVIN J~~
~~1842 S.E. 1ST AVENUE~~
~~FT. LAUDERDALE FL 33316~~

7. Name and Address of New Registered Agent

Name
 MORTON COLBY
 Street Address (P.O. Box Number is Not Acceptable)
 2901 CLINT MOORE RD. # 144
 City BOCA RATON FL Zip Code 33496-2041

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

2-14-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD COLBY, MADELINE 6501 PARK OF COMMERCE BLVD. #380 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLBY, MADELINE 2901 CLINT MOORE RD. # 144 BOCA RATON, FL 33496-2041	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORTON COLBY 2901 CLINT MOORE RD. #144 BOCA RATON, FL. 33496-2041	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MORTON COLBY

2-14-2000

661 989-4446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)