

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90180 049 ***150.00

DOCUMENT # H25657

1. Entity Name
L AND M BAIT INCORPORATED

Principal Place of Business
833 EISENHOWER DR
201
KEY WEST FL 33040

Mailing Address
833 EISENHOWER DR
201
KEY WEST FL 33040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2453245**

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

MUNROE, CHARLES A.
833 EISENHOWER DR
201
KEY WEST FL 33040

Name **Rolando Cancio**
Street Address (P.O. Box Number is Not Acceptable)
7433 SW 164th
City **miami** **FL** **Zip Code** **33193**

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 *Rolando Cancio*

DATE **1/12/02**

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

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSD** ☒ **Delete**
NAME **LANG, ERIC B.**
STREET ADDRESS **1 EMERALD DR.**
CITY-ST-ZIP **BIG COPPET FL**

TITLE **VSD** ☐ **Change** ☒ **Addition**
NAME **Rolando Cancio**
STREET ADDRESS **7433 SW 164th**
CITY-ST-ZIP **miami FL 33193**

TITLE ☐ **Delete**
NAME **PTD**
STREET ADDRESS **MUNROE, CHARLES A.**
CITY-ST-ZIP **833 EISENHOWER DR # 201**
KEY WEST FL 33040

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02 (305) 296-6087

Date Daytime Phone #

0164699 AV

CR2E034 (9/01)