

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90362 032 ***150.00

DOCUMENT # J57825

1. Entity Name

L & M Manufacturing Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

380 NE 191st St.

Suite, Apt. #, etc.

3. Mailing Address

380 NE 191st St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Fla.

City & State

Miami, Fla.

4. FEI Number

59-2786208

Applied For

Not Applicable

Zip

33179

Country

Zip

33179

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jack Lieberman

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

380 NE 191st St.

City

Miami

FL

Zip Code

33179

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]

Jack Lieberman 4-25-02

Signature of officer or director, name of registered agent, and title if applicable

NOTE: Registered agent signature required when changing

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*PIVITIS
Jack Lieberman
2431 NE 201st St
Miami, FL 33180*

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like employees.

SIGNATURE:

[Signature]

Jack Lieberman 4-25-02 (305) 651-3885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034B (12/01)