

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90070 036 ****50.00

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DOCUMENT # L02000003977

1. Entity Name

AGADA-LORD L.L.C.



Principal Place of Business

**527 RAMBLEWOOD
CORAL SPRINGS FL 33071**

Mailing Address

**527 RAMBLEWOOD
CORAL SPRINGS FL 33071**

2. Principal Place of Business

1802 N. UNIVERSITY DR

Suite, Apt. #, etc.

Box 172

3. Mailing Address

1802 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Box 172

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33322

Country

BROWARD

Zip

33322

Country

BROWARD

6. Name and Address of Current Registered Agent

**LORD, URBAN
527 RAMBLEWOOD DR
CORAL SPRINGS FL 33071**

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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Urban Lord

URBAN LORD

4-30-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
MAURICE LORD, V.P.
6087 UNITED ST.
WEST PALM, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
KELECHI AGADA, V.P.
760 E. COCO PLUM CIRCLE
PLANTATION, FL 33324**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Urban Lord

Date

Daytime Phone #

CR2E083 (10/02)