

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90191 025 ***150.00

DOCUMENT # L29674

1. Entity Name
L.L.G. CORPORATION

Principal Place of Business
822 E. CYPRESS LANE
POMPANO BEACH FL 33069

Mailing Address
822 E. CYPRESS LANE
POMPANO BEACH FL 33069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0164570**

Applied For
 Not Applicable

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

GILBERT, ALFRED A
822 E. CYPRESS LANE
POMPANO BEACH FL 33069

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.

SIGNATURE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **P** ☐ Delete
 NAME **GILBERT, ALFRED A.**
 STREET ADDRESS **390 N HIGHLAND AVE**
 CITY-ST-ZIP **MERION PA**

TITLE **S** ☐ Delete
 NAME **GILBERT, LOUISE**
 STREET ADDRESS **390 N HIGHLAND AVE**
 CITY-ST-ZIP **MERION PA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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: Alfred A Gilbert **7-23-01 - 215-563-2728**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0031064 AV

CR2E034 (5/01)

Attachment # L29674
BuxleCS26

ALFRED A. GILBERT

Realtors

COMMERCIAL DEVELOPERS / REAL ESTATE INVESTORS
135 SOUTH 19TH STREET / SUITE 503 / PHILADELPHIA, PA 19103 / 215-563-2728

July 23, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

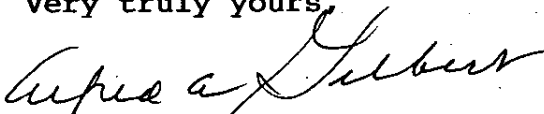
RE: L.L.G. Corporation
Document #L29674

Dear Sir/Madam:

In accordance with our telephone conversation, enclosed is my check in the amount of \$150.00 for the Filing Fee for the above-captioned property.

This is in accordance with the instructions received from your office in response to my telephone conversation at which time they were advised that we never received any prior notification.

Very truly yours,


ALFRED A. GILBERT

AAG:jk

Enclosure - Check