

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90200 040 ***158.75

DOCUMENT # M65727

1. Entity Name

LORD BEACONSFELD CORP.

Principal Place of Business

P.O. BOX 402488
MIAMI BEACH FL 33140

Mailing Address

P.O. BOX 402488
MIAMI BEACH FL 33140-0488

2. Principal Place of Business

1591 Breakwater Terrace

3. Mailing Address

PO Box 2880

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hallandale, FL

Zip

33019-5022

Country

USA

Zip

33008

Country

USA

6. Name and Address of Current Registered Agent

TRIEN, SOFIA
1215 N. VENETIAN WAY
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name

SOFA TRIEN

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

1591 Breakwater Terrace

City

Hollywood

FL

Zip Code

33019-5022

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 \$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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAUTNER, MERCEDES	
STREET ADDRESS	5775 COLLINS AVE., #506	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TREIN, SOFIA M.	
STREET ADDRESS	1215 N. VENETIAN WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GARAZI, ANA M.	
STREET ADDRESS	20484 W DIXIE HIGHWAY	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7000 ISLAND BLVD, APT 403
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1591 Breakwater Terrace
CITY-ST-ZIP	Hollywood FL 33019-5022
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOFA TRIEN DV

1/18/2000

954-455-7000

Date

Daytime Phone #