

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90090 014 ***150.00

DOCUMENT # P00000012359

1. Entity Name

LED FORD LANDINGS JOINT VENTURE, INC.

Principal Place of Business

**2450 S.W. 137TH AVE., SUITE 221
 MIAMI FL 33175**

Mailing Address

**2450 S.W. 137TH AVE., SUITE 221
 MIAMI FL 33175**

2. Principal Place of Business

9192 Coral Way

Suite, Apt. #, etc.

Suite 201

City & State

Miami, Florida

Zip

33165

Country

U.S.

3. Mailing Address

9192 Coral Way

Suite, Apt. #, etc.

Suite 201

City & State

Miami, Florida

Zip

33165

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0984035

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABALLERO, MARCIA B

**2450 S.W. 137TH AVE., SUITE 221
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

Caballero, Marcia B.

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

9192 Coral Way

Suite 201

City

Miami

FL

Zip Code

33165

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

3/6/02

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

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASTRO, ALBIO	
STREET ADDRESS	8501 S.W. 184TH STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V	<input type="checkbox"/> Delete
NAME	LED FORD, WILLIAM	
STREET ADDRESS	29380 S.W. 187TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASTRO, FRANK	
STREET ADDRESS	8501 S.W. 184TH STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	T	<input type="checkbox"/> Delete
NAME	LED FORD, DOROTHY	
STREET ADDRESS	29380 S.W. 187TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
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 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	
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

Date

Daytime Phone #

3-11-02 305.2477170

CR2E034 (9/01)