

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022458

1. Entity Name

LORD LADY OF MIAMI, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90497 041 ***150.00

Principal Place of Business

~~721 NW 129 AVE~~
~~MIAMI FL 33182~~

Mailing Address

721 NW 129 AVE.
MIAMI FL 33182

2. Principal Place of Business

777 N.W. 72 Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33126

Country

Dade

Zip

Country

FBI Number

#65-0999-238

XX

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~ESPINOSA, PATRICIA~~
~~721 NW 129 AVE.~~
~~MIAMI FL 33182~~

CARLOS A. SARMIENTO
721 N.W. 129 Ave
Miami, FL 33182

7. Name and Address of New Registered Agent

Name

CARLOS A SARMIENTO

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

721 N.W. 129 Ave

City

Miami

FL

Zip Code

33182

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)



My Commission CC873284

Expires September 22, 2003

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, 2001 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 **D** ☒ Delete
NAME **ESPINOSA, PATRICIA**
STREET ADDRESS **721 NW 129 AVE.**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **D** ☒ Delete
NAME **ESPINOSA, CHANTAL**
STREET ADDRESS **721 NW 129 AVE.**
CITY-ST-ZIP **MIAMI FL 33182**

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 **President** ☐ Change ☒ Addition
NAME **Carlos A Sarmiento**
STREET ADDRESS **721 N.W. 129 Ave**
CITY-ST-ZIP **Miami, FL 33182**

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

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

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

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

TITLE ☐ Change ☐ 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 #

CR2E034 (10/00)

0231457