

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000022458

1. Entity Name
LORD LADY OF MIAMI, INC.

Principal Place of Business
777 NW 72ND AVE
MIAMI, FL 33126

Mailing Address
721 NW 129 AVE.
MIAMI, FL 33182

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0909238

Applied For:
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ R

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARMIENTO, CARLOS A
721 NW 129TH AVE
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name **Chantal Espinosa**
Street Address (P.O. Box Number is Not Acceptable)
4560 NW 107th Ave
#302
City **Miami** FL **33172**

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

[Signature]

(NOTE: Registered Agent's signature required when appointing)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	SARMIENTO, CARLOS A	☒ Delete
STREET ADDRESS			721 NW 129TH AVE	
CITY-STATE-ZIP			MIAMI, FL 33182	
TITLE	VP	NAME	ESPINOSA, SONIA	☒ Delete
STREET ADDRESS			721 NW 129 AVENUE	
CITY-STATE-ZIP			MIAMI, FL 33182	
TITLE	T	NAME	ESPINOSA, PATRICIA	☒ Delete
STREET ADDRESS			721 NW 129 AVENUE	
CITY-STATE-ZIP			MIAMI, FL 33182	
TITLE	S	NAME	BRANCHO, CHANTEL	☒ Delete
STREET ADDRESS			16330 SW 106 TERR STE 913	
CITY-STATE-ZIP			MIAMI, FL 33186	
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		☐ Delete
STREET ADDRESS				
CITY-STATE-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	Chantal Espinosa	☐ Change ☒ Addition
STREET ADDRESS			4560 NW 107th Ave	
CITY-STATE-ZIP			Miami FL 33182	
TITLE	VP	NAME	Espinosa Sonia	☐ Change ☒ Addition
STREET ADDRESS			721 NW 129 ave	
CITY-STATE-ZIP			Miami FL 33182	
TITLE	T	NAME	Patricia Espinosa	☐ Change ☒ Addition
STREET ADDRESS			721 NW 129 ave	
CITY-STATE-ZIP			Miami FL 33182	
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		☐ Change ☐ Addition
STREET ADDRESS				
CITY-STATE-ZIP				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Chantal Espinosa 10-2-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #

John W/g