

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90188 003 \*\*\*150.00

**DOCUMENT # P00000036538**

1. Entity Name

**L & M COX, INC.**

Principal Place of Business

Mailing Address

**1607 PONCE DE LEON BLVD., #101  
 CORAL GABLES FL 33134**

**1607 PONCE DE LEON BLVD., #101  
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

**250 GIRALDA AVENUE**

**250 GIRALDA AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**CORAL GABLES, FL**

**CORAL GABLES, FL**

City & State

City & State

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

4. FEI Number

**65-0999946**

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

**NUNEZ, ALEJANDRO ESQ.  
 1607 PONCE DE LEON BLVD., #101  
 CORAL GABLES FL 33134**

Name **NUNEZ, ALEJANDRO ESQ**

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

**250 GIRALDA AVENUE**

City **CORAL GABLES FL**

Zip Code **33134**

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.

**Alejandro Nunez, ESQ**

**4-26-01**

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  
 NAME **COX, LLOYD**  
 STREET ADDRESS **18336 NW 68 AVENUE**  
 CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **VPD**  
 NAME **COX, MARLON**  
 STREET ADDRESS **18336 NW 68 AVENUE**  
 CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE  
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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:

**MARLON COX**  
**VICE PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-01**

Date

**305-7746222**

Daytime Phone #

CP2E034 (10/00)

0159166