

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000047464**

1. Entity Name

MR. DOT LORD.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91218 049 ***150.00

A0064754

DO NOT WRITE IN THIS SPACE

Principal Place of Business
14050 Biscayne blud. apt 617
North Miami, FL 33181

Mailing Address
2131 Calais DR
Miami Beach FL 33141

2. Principal Place of Business
14050 Biscayne blud.
Suite, Apt. #, etc.
apt. 617

3. Mailing Address
14050 Biscayne blud.
Suite, Apt. #, etc.
apt. 617

City & State
North Miami, FL

City & State
North Miami, FL

Zip
33181

Country
US

Zip
33181

Country
US

4. FEI Number
65-1009519

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WERMUTH, J. MICHAEL
2131 Calais DR
Miami Beach FL 33141

7. Name and Address of New Registered Agent

Name
WERMUTH, J. MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
8300 NW 53 STREET STE 308

City
Miami

FL

Zip Code
33146

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, 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	<input type="checkbox"/> Delete
NAME	Maharaj, Shiva	
STREET ADDRESS	2131 Calais DR	
CITY-ST-ZIP	Miami Beach FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	Conesa, Raymond	
STREET ADDRESS	2131 Calais DR	
CITY-ST-ZIP	Miami Beach FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maharaj, Shiva	
STREET ADDRESS	2131 Calais DR 14050 Biscayne blud.	
CITY-ST-ZIP	Miami Beach apt. 617 North Miami, FL 33181	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conesa, Raymond	
STREET ADDRESS	14050 Biscayne blud. apt. 617	
CITY-ST-ZIP	North Miami, FL 33181	
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:

Raymond Conesa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2001 (305) 401-4691
Date Daytime Phone #

CR2E034 (11/00)