

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90046 010 \*\*\*150.00

0172652 AV

**DOCUMENT # P00000062056**

**1. Entity Name**  
**LORD ROLANN & COMPANY, INC.**

**Principal Place of Business**  
**16 CENTENNIAL COURT**  
**DEERFIELD BEACH FL 33442**

**Mailing Address**  
**16 CENTENNIAL COURT**  
**DEERFIELD BEACH FL 33442**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**2118 E. ATLANTIC BLVD**

**3. Mailing Address**  
**2118 E. ATLANTIC BLVD**

Suite, Apt. #, etc.

**City & State**  
**POMPANO BEACH, FL**

**City & State**  
**POMPANO BEACH, FL**

**Zip**  
**33062**

**Country**  
**USA**

**Zip**  
**33062**

**Country**  
**USA**

**4. FEI Number** **65-1026072**

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MALEK, NADIA**  
**16 CENTENNIAL COURT**  
**DEERFIELD BEACH FL 33442**

**7. Name and Address of New Registered Agent**

**Name**  
**MALEK, NADIA**

**Street Address (P.O. Box Number is Not Acceptable)**  
**2118 E. ATLANTIC BLVD**

**City**  
**POMPANO BEACH**

**FL**

**Zip Code**  
**33062**

**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]* **NADIA MALEK, REGISTERED AGENT 3/5/02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>SANTONI, PATRICIA</b> <b>16 CENTENNIAL COURT</b> <b>DEERFIELD BEACH FL 33442</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>MALEK, NADIA</b> <b>16 CENTENNIAL COURT</b> <b>DEERFIELD BEACH FL 33442</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>SANTONI, PATRICIA</b> <b>2118 E. ATLANTIC BLVD</b> <b>POMPANO BEACH, FL 33062</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>MALEK, NADIA</b> <b>2118 E. ATLANTIC BLVD</b> <b>POMPANO BEACH, FL 33062</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

**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]* **V.P., Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/02 (954) 786-1098**

Date Daytime Phone #

CR2E034 (9/01)