

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071010

1. Entity Name
L.S.M., INC.

Principal Place of Business
14267 SW 165 STREET
MIAMI FL 33177

Mailing Address
14267 SW 165 STREET
MIAMI FL 33177

2. Principal Place of Business

15443 S.W. 137th Ave

3. Mailing Address

15443 S.W. 137th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number 05-1052409

Applied For
Not Applicable

Zip
33177

Country
USA

Zip
33177

Country
USA

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

MAGDALENO, LORENZO
14267 SW 165 STREET
MIAMI FL 33177

Name

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

City

FL

Zip Code

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 re-instating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAGDALENO, LORENZO
14267 SW 165 STREET
MIAMI FL 33177 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01 305-253-3333

Date

Daytime Phone #

CR2E034 (10/00)

FILED
May 21, 2001 8:00 am
Secretary of State

04-26-2001 90290 003 ***150.00



DO NOT WRITE IN THIS SPACE