

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/:

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90038 024 \*\*\*150.00

**DOCUMENT # P00000077178**

1. Entity Name

**L M L M ENTERPRISES, INC.**

Principal Place of Business

22429 SW 66TH AVE, SUITE 405  
 BOCA RATON FL 33428

Mailing Address

22429 SW 66TH AVE, SUITE 405  
 BOCA RATON FL 33428

2. Principal Place of Business

10257 NW 53RD STREET  
 Suite, Apt. #, etc.

3. Mailing Address

10257 NW 53RD STREET  
 Suite, Apt. #, etc.

City & State

SUNRISE FL  
 33351 Country

City & State

SUNRISE FL  
 33351 Country

4. FEI Number

105-1041631

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

TOMEK, F KENNETH  
 10100 W SAMPLE RD, SUITE 818  
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name ELIZABETH LASCHIVER

Street Address (P.O. Box Numbers Not Acceptable)  
 10257 NW 53RD STREET

City SUNRISE

FL

Zip 33351

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]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/01

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	LASCHIVER, ELIZABETH	
STREET ADDRESS	22429 SW 66TH AVE, SUITE 405	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIKMAN, MICHAEL	
STREET ADDRESS	22429 SW 66TH AVE, SUITE 405	
CITY-ST-ZIP	BOCA RATON FL 33428	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH LASCHIVER	
STREET ADDRESS	10257 NW 53RD STREET	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10257 N.W. 53RD STREET	
CITY-ST-ZIP	SUNRISE, FL 33351	
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

*[Signature]*

Signature typed or printed name of signing officer or director

1/29/01 954-746-0121

Date

Daytime Phone #

CR2E034 (10/00)