

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

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

04-23-2001 90153 046 ***150.00

DOCUMENT # P00000086551

1. Entity Name

L & D BLOCK, INC.

Principal Place of Business

**770 PONCE DE LEON BLVD STE 210
 CORAL GABLES FL 33134**

Mailing Address

**770 PONCE DE LEON BLVD STE 210
 CORAL GABLES FL 33134**

2. Principal Place of Business

23 SW 21 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-1039117

Applied For

Not Applicable

Zip

33135

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TSMOGLANNIS, JOHNNY
 770 PONCE DE LEON BLVD STE 210
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

JOHNNY TSMOGLANNIS

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

Johnny Tsimoglannis

4/3/2001

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent's 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	PVST	☐ Delete
NAME	GUTIERREZ, GERARDO	
STREET ADDRESS	770 PONCE DE LEON BLVD STE 210	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	☒ Delete
NAME	TSMOGLANNIS, JOHNNY	
STREET ADDRESS	770 PONCE DE LEON BLVD STE 210	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Johnny Tsimoglannis

4/3/01

Date

(205) 444-2445

Daytime Phone #

CR2E034 (10/00)