

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112457

1. Entity Name

L & L PROFESSIONAL BILLING INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90070 046 ***150.00

Principal Place of Business

Mailing Address

8600 NW SOUTH RIVER DR #208
MEDLEY FL 33166

8600 NW SOUTH RIVER DR #208
MEDLEY FL 33166

2. Principal Place of Business

L & L 5590 W 20 Ave
Suite, Apt. #, etc.
303

3. Mailing Address

PO Box 127418
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hialeah FL

City & State

Hialeah FL

4. FEI Number

65-106 2159

Applied For

Not Applicable

Zip

33016

Country

USA DADR

Zip

33012

Country

USA DADR

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDIVIA, MIRTHA
8600 NW SOUTH RIVER DR #208
MEDLEY FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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-statuting)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
VALDIVIA, MIRTHA
8600 NW SOUTH RIVER DR #208
MEDLEY FL 33166 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

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

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01 305 364 0296

CR2E034 (10/00)