

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90041 037 ***158.75

DOCUMENT # P01000055429

1. Entity Name

L AND G LITERARY WORKS INC.

Principal Place of Business

**4500 NW 179 STREET
 MIAMI FL 33055**

Mailing Address

**POST OFFICE BOX 552298
 MIAMI FL 33055**

2. Principal Place of Business

4500 NW 179 ST

3. Mailing Address

P.O. BOX 552298

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

33055

Dade

Zip

Country

33055

Dade

4. FEI Number

65-1119924

Applied For

Not Applicable

5. Certificate of Status Desired

1 **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR-JAGHAI, GERTRUDE
 4500 NW 179 STREET
 MIAMI FL 33055**

7. Name and Address of New Registered Agent

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 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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **JAGHAI, UNVAL L**
 STREET ADDRESS **4500 NW 179 STREET**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE **D** ☐ Delete
 NAME **TAYLOR-JAGHAI, GERTRUDE**
 STREET ADDRESS **4500 NW 179 STREET**
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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
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TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED

Taylor-Jaghaj 4-26 BR 305 624 1562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)