

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90380 004 ***150.00

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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**

11038708



2. Principal Place of Business
17313 SW 19ST

3. Mailing Address
P O Box 552298

Suite, Apt. #, etc.

Suite, Apt. #, etc.

miami Fla

☐ CHECK HERE IF MAKING CHANGES

City & State
muramar Fla

City & State
miami Fla

4. FEI Number
65-1119924

Applied For
☐ Not Applicable

Zip
33029

Country
Broward

Zip
33055

Country
Dade

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gertrude Jaghai** DATE **4-29-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D JAGHAI, LINVAL L
4500 NW 179 STREET
MIAMI FL 33055

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
L AND G Literary Works Inc
17313 SW 19ST
muramar Fla 33029

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gertrude Jaghai DATE **4-29-03**

Date

Daytime Phone #

CR2E034 (10/02)