

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90860 039 \*\*\*150.00

DOCUMENT # P02000032252

1. Entity Name

L & S PROPERTIES OF CORAL GABLES, INC.



00044006

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
249 CATALONIA AVENUE

3. Mailing Address  
249 CATALONIA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

4. FEI Number 75-3032906

Applied For  
Not Applicable

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LAWRENCE J. ROBERTS

Street Address (P.O. Box Number is Not Acceptable)

249 CATALONIA AVENUE

City CORAL GABLES

FL Zip Code  
33134

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

LAWRENCE J. ROBERTS

1/27/03

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

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
LAWRENCE J. ROBERTS, P/D  
249 CATALONIA AVENUE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SUZANNE S. ROBERTS, V/D  
249 CATALONIA AVENUE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

LAWRENCE J. ROBERTS 1/27/03

305-441-7882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)