

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000098267**

1. Entity Name
LMV MASTER CORPORATION



03 AUG -1 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**12035 SW 14TH ST.
SUITE 104
MIAMI FL 33184**

Mailing Address
**12035 SW 14TH ST.
SUITE 104
MIAMI FL 33184**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0481882

Applied Fee
Not Applied

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

**DIAZ, GUILLERMO
12035 SW 14TH ST.
SUITE 104
MIAMI FL 33184**

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

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD VALDES, LESTER 13145 S.W. 22ND ST. MIAMI FL 33175	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ALMODOVAR, MARILYN 13145 S.W. 22ND ST. MIAMI FL 33175	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Add

1/18/1

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/03

Date

Signature of Secretary of State