

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 25 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 202000116231

1. Entity Name

L.M.M., Inc



DO NOT WRITE IN THIS SPACE

55053730

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2091 Renaissance Blvd

3. Mailing Address

2091 Renaissance Blvd

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Miramar

City & State

Miramar

4. FEI Number

11-3661344

Applied For

Not Applicable

Zip

33025

Country

Florida

Zip

33025

Country

Florida

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

Lemar Guzman

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

2091 Renaissance Blvd # 101

City

Miramar

FL

Zip Code

33025

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)

07/21/03

DATE

January 1st - May 1st Fee is \$150.00

After May 1st 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  
P-5  
Guzman Lemar J  
2091 Renaissance Blvd  
Miramar, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
300021763003  
07/24/03 - 01042-003 \*\*150.00

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

SIGNATURE:

Lemar Guzman

07/21/03

954-4319431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

*attachment*

*#55056138*

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is in reference to the UBR of the company L.M.M., INC. Document #  
P02000116231

We are sending the fee of \$ 150.00 in order to reinstate the company and make it active.

We never received the UBR Form by mail.

The company's address is:

2091 Renaissance Blvd.  
# 101  
Miramar, FL 33025

If you need more information, please don't hesitate in contacting us at Ph: 954-431-9451

Best regards,

  
Lemar Guzman  
President