

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

FILED
Jun 04, 2002 8:00 am
Secretary of State
06-04-2002 90221 039 ***150.00

DOCUMENT # **P93 000027307** ✓
1. Entity Name
LAW OFFICES GERALD J.M. LINDOR, P.A.

DO NOT WRITE IN THIS SPACE

868793

2. Principal Place of Business
1851 NW 125 AVE
Suite, Apt. #, etc.
SUITE 435

3. Mailing Address
SAME
Suite, Apt. #, etc.
SAME

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FL
Zip
33028
Country
US

City & State
SAME
Zip
SAME
Country
SAME

4. FEI Number
05-0404096

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GERALD J.M. LINDOR

Street Address (P.O. Box Number is Not Acceptable)
1851 NW 125 AVE, SUITE 435

City
PEMBROKE PINES FL Zip Code
33028

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) ☐

January - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
GERALD J. LINDOR
6511 NW 98 DR
PARKLAND, FL 33076

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-3-02