

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018597

1. Entity Name

L M G E INTERNATIONAL CORP.

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90075 029 ***150.00

Principal Place of Business

Mailing Address

8370 W. FLAGLER STREET
#210-B
MIAMI FL 33144
US

8370 W. FLAGLER STREET
#210-B
MIAMI FL 33144
US

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 65-0489158

Applied For

Not Applicable

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

BONDY, MIRTHA
10365 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

Name

ERIKA BONDY

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

6467 NW 99 AV.

City

PARKLAND

FL

Zip Code

33076

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

Erika I Bondy

1/22/01

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BONDY, LUIS
STREET ADDRESS 10365 W. SAMPLE ROAD
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

TITLE VST
NAME BONDY, MIRTHA
STREET ADDRESS 10365 W. SAMPLE ROAD
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

TITLE V
NAME BONDY, ERIKA
STREET ADDRESS 10365 W. SAMPLE ROAD
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PS
NAME ERIKA BONDY
STREET ADDRESS 6467 NW 99 AV.
CITY-ST-ZIP PARKLAND, FL 33076 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

Erika I Bondy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 (954) 755-9915

Date

Daytime Phone #

CR2E034 (10/00)