

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023308

1. Entity Name

L. ORDONEZ, INCORPORATED

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90046 029 ***150.00

Principal Place of Business

2810 E OAKLAND PARK BLVD
SUITE 200
FT LAUDERDALE FL 33306

Mailing Address

2810 E OAKLAND PARK BLVD
SUITE 200
FT LAUDERDALE FL 33306-1801

2. Principal Place of Business

408 NW 28 Street

3. Mailing Address

408 NW 28 Street

Suite, Apt. #, etc.

Wilton Manors ← city

Suite, Apt. #, etc.

Wilton Manors ← city

City & State

Florida

City & State

Florida

4. FEI Number

65-0488453

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORDONEZ, LIZ M
2810 E OAKLAND PARK BLVD
SUITE 200
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ORDONEZ, LIZ M	
STREET ADDRESS	2810 E. OAKLAND PARK BLVD #200	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liz M. Ordonez-Dawes	
STREET ADDRESS	408 NW 28 Street	
CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd P. Dawes	
STREET ADDRESS	408 NW 28 Street	
CITY-ST-ZIP	Wilton Manors, FL. 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

L. Ordonez-Dawes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

(954) 563 2895

Daytime Phone *

CR2E034 (9/99)