

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0316027 AV

DOCUMENT # P94000023308

1. Entity Name

L. ORDONEZ, INCORPORATED

04-09-2002 90040 022 ***150.00

Principal Place of Business

**408 NW 28 ST
 WILTON MANORS FL 33311
 US**

Mailing Address

**408 NW 28 ST
 WILTON MANORS FL 33311
 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

65-0488453

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

ORDONEZ, LIZ M

2810 E OAKLAND PARK BLVD

SUITE 200

FT LAUDERDALE FL 33306

Name

Liz M. Ordonez

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

408 NW 28th Street

City

Wilton Manors

FL

Zip Code

33311

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

Liz Ordonez-Dawes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/02

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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **ORDONEZ-DAWES, LIZ M**
 CITY-ST-ZIP **408 NW 28 ST
 WILTON MANORS FL 33311**

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **DAWES, TODD P**
 CITY-ST-ZIP **408 NW 28 ST
 WILTON MANORS FL 33311**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

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

Liz Ordonez-Dawes

Date

Daytime Phone #

1/29/02 (954) 561-0177

CR2E034 (9/01)