

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000076084

FILED
Jan 06, 2003
Secretary of State

Entity Name: LANDLORD MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

604 CRANDON BLVD.,
SUITE 201
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 773
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 65-9526318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALA, A ROSEMARY
104 CRANDON BLVD SUITE 302
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

GALEGO, NORA ATTORNE
604 CRANDON BLVD SUITE 205
KEY BISCAYNE, FL 33149 US

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: NORA GALEGO

01/06/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: TARAFA, ANTONIO J
Address: 604 CRANDON BLVD., SUITE 201
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DV () Delete
Name: TARAFA, ELIA
Address: 604 CRANDON BLVD., SUITE 201
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DT () Delete
Name: TARAFA, EDUARDO
Address: 881 OCEAN DRIVE, #21-G
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO J. TARAFA

DPS

01/06/2003

Electronic Signature of Signing Officer or Director

Date