DOCUMENT # P94000082747

1. Entity Name

L & R MANAGEMENT GROUP, INC.

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90176 033 ***150.00

[redacted]

Principal Place of Business	Mailing Address
6499 NW 9TH AVE SUITE 108 FT LAUDERDALE FL 33309	6499 NW 9TH AVE SUITE 108 FT LAUDERDALE FL 33309

2. Principal Place of Business — Suite, Apt #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt #, etc. — City & State — Zip — Country

4. FEI Number 65-0540633 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CIUFERRI, LOUIS
6499 NW 9TH AVE, STE 108
FT LAUDERDALE FL 33309

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 ______

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, 2003 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	D	☐ Delete
NAME	CIUFERRI, LOUIS	
STREET ADDRESS	6499 NW 9TH AVE SUITE 108	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section ... 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: Louis R. Ciuferri LOUIS R. CIUFERRI PRESIDENT 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR