


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90013 050 \*\*\*550.00

<b>DOCUMENT # P95000078383</b>					
<b>1. Entity Name</b> L.D.L.E., INC.					
<b>Principal Place of Business</b> 513 PALM DRIVE HALLANDALE, FL 33009			<b>Mailing Address</b> 513 PALM DRIVE HALLANDALE, FL 33009		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07282004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 65-0616898				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FABRIKANT, MICHAEL R 2051 BOREALIS WAY WESTON, FL 33327			Name <b>Dade County Corporate Agents, Inc</b> Street Address (P.O. Box Number is Not Acceptable) 18901 NE 29th Avenue Suite 100 City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</b>		
<b>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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>DADE COUNTY CORPORATE AGENTS INC</u> <u>1/29/04</u> Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIANCULLI, LOUIS R 513 PALM DRIVE HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIANCULLI, DORIS 513 PALM DRIVE HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Louis R. Bianculli</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					

**54066601**



Attachment

54066601



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 28, 2004

DADE COUNTY CORPORATE AGENTS, INC.  
C/O FROMBERG, PERLOW & KORNICK, P.A.  
18901 NE 29TH AVENUE, SUITE 100  
AVENTURA, FL 33180

SUBJECT: L.D.L.E., INC.  
Ref. Number: P95000078383

We have received your document for L.D.L.E., INC. and check(s) totaling \$585.00. However, your check(s) and document are being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

The registered agent can be changed as part of the annual report filing and the \$35.00 fee would not be required.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 504A00047309

Attachment

54066601

# P95000078383

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** L.D.L.E., INC.

(Name of corporation)

**DOCUMENT NUMBER:** P95000078383

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dade County Corporate Agents, Inc.

LYNN W. FROMBERG, ESQ., Pres.

(Name of contact person)

FROMBERG, PERLOW & KORNIK, P.A.

(Firm/Company)

c/o

18901 NE 29TH AVENUE, SUITE 100

(Address)

AVENTURA, FL 33180

(City/state and zip code)

For further information concerning this matter, please call:

LYNN W. FROMBERG, ESQ.

(Name of contact person)

at ( 305 ) 933-2000

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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Division of Corporations

## Annual Report

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Document Number

P95000078383

Business Entity Name

L.D.L.E., INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

650616898

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

513 PALM DRIVE

Suite, Apt. #, etc.

City, State

HALLANDALE

FL

Zip Code &amp; Country

33009

## Mailing Address

Address

513 PALM DRIVE

Suite, Apt. #, etc.

City, State

HALLANDALE

FL

Zip Code &amp; Country

33009

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

FABRIKANT

MICHAEL

R

-or- RA Business Name

Address

2051 BOREALIS WAY

Suite, Apt. #, etc.

City, State

WESTON

FL

Zip Code &amp; Country

33327

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a

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business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

 PRS,

Continue

Reset

Start Over

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**Sunbiz Home Page**

**Public Access Help**

*Attachment*  
*54066601*  
*#P95000078383*



**Division of Corporations**

**Annual Report**

Page 2

Document Number  
**P95000078383**  
 Business Entity Name  
**L.D.L.E., INC.**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Officer/Director Name And Address**

Title   
 Name (Last, First, Middle, Title)      
 -or- Entity Name   
 Street Address   
 City, State    
 Zip Code & Country

Title   
 Name (Last, First, Middle, Title)      
 -or- Entity Name   
 Street Address   
 City, State    
 Zip Code & Country

Title   
 Name (Last, First, Middle, Title)      
 -or- Entity Name   
 Street Address   
 City, State    
 Zip Code & Country

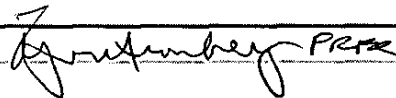
Title   
 Name (Last, First, Middle, Title)      
 -or- Entity Name   
 Street Address

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Registered Agent Signature



Continue

Reset

Start Over

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**Sunbiz Home Page**

**Public Access Help**

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34066601  
#P95000078383

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: L.D.L.E., INC.
2. The principal office address: 513 PALM DR.  
HALLANDALE, FL 33009-6533
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P95000078383
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MICHAL R. FABRICANT

2051 BOREALIS WAY

WESTON, FL 33327

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dade County Corporate Agents, Inc.

LYNN W. FROMBERG, ESQ., Pres.

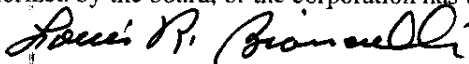
18901 NE 29TH AVENUE, SUITE 100

(P.O. Box NOT acceptable)

AVENTURA, FL 33180

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

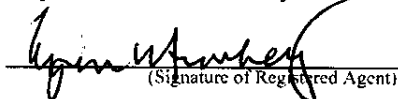


(Signature of an officer or director)

LOUIS BIANCULLI

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*



(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

LYNN W. FROMBERG

(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314



*Attachment 54046601*  
**Fromberg, Perlow & Kornik, P.A.** #P95000078383  
Attorneys at Law  
18901 NE 29 Avenue  
Suite 100  
Aventura, Florida 33180

Lynn W. Fromberg  
Board Certified in Tax Law

July 13, 2004

Telephone: (305) 933-2000  
Telefax: (305) 936-0101

VIA FEDERAL EXPRESS

Department of State  
Division of Corporations  
609 E. Gaines Street  
Tallahassee, FL 32399

Re: 1. Bianculli Family Limited Partnership Number Two - Document  
Number A02000000820  
2. Bianculli Family Limited Partnership - Document Number P95000001600  
3. L.D.L.E., Inc. - Document Number: P95000078383

Dear Clerk:

Enclosed for the above-referenced, respectively:

1. Bianculli Family Limited Partnership Number Two Annual Report, Limited Partnership Statement of Change of Registered Office or Registered Agent, Or Both, and check in the amount of \$926.25 for all fees due.
2. Bianculli Family Limited Partnership Annual Report, Limited Partnership Statement of Change of Registered Office or Registered Agent, Or Both, and check in the amount of \$926.25 for all fees due.
3. L.D.L.E., Inc. Cover Letter, Annual Report (4 pages), Change of Registered Office or Registered Agent or Both for Corporation, and check in the amount of \$585.00 for all fees due.

Also enclosed is a return envelope to this office. Please date stamp the enclosed copy of this letter and return it to us.

In advance, thank you for your assistance.

Sincerely,

*Marie Higgins*  
Marie Higgins

Secretary to Lynn W. Fromberg

/mh

Enclosures

cc Mr. Louis R. Bianculli