

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90106 002 ***150.00

0266413

DOCUMENT # P96000003438

1. Entity Name

L & M INTERIOR CONCEPTS, INC.

Principal Place of Business

**1280 NW 78TH TERR
PLANTATION FL 33322
US**

Mailing Address

**1280 NW 78TH TERR
PLANTATION FL 33322
US**

2. Principal Place of Business

3720 DAVIE BLVD

Suite, Apt. #, etc.

3. Mailing Address

1280 NW 78TH TERR

Suite, Apt. #, etc.

C0052202



DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE FL

Zip

33312

Country

USA

City & State

PLANTATION FL

Zip

33322

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required -**

6. Name and Address of Current Registered Agent

**MONTE, LEO
1280 NW 78TH TERR
PLANTATION FL 33322**

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, 2001 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	<input type="checkbox"/> Delete
NAME	MONTE, LEO	
STREET ADDRESS	1280 NW 78TH TERR	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTE, MIRELE	
STREET ADDRESS	1280 NW 78TH TERR	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 time empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEO MONTE

Date

4/20/01

Daytime Phone #

(954) 327-5858

CR2E034 (10/00)