

2000-UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90060 008 ***150.00

DOCUMENT # P96000042552

1. Entity Name

LMI, INC.

Principal Place of Business

1206 MANOR DR. S.
 WESTON FL 33326

Mailing Address

1206 MANOR DR. S.
 WESTON FL 33326

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

65-0671696

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

PARDILLO, ARMANDO A JR.,
 1206 MANOR DRIVE SOUTH
 FORT LAUDERDALE FL 33326
 WESTON, FL. 33326

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 \$550.00 150
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D PARDILLO, ARMANDO A JR. 1206 MANOR DRIVE SOUTH FORT LAUDERDALE FL 33326	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE: *G. Pardillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-00

Date

(Home) (954) 389-0043
 (305) 827-1002

Daytime Phone #

CR2E034 (5/00)

attachment doc #
P96000042532
A0075514

9/01/00

UBR
Division Of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

As per our telephone conversation, here is the letter you requested. I would appreciate if your department would mail me the first notice of the UBR at the beginning of the year to avoid any more problems. I appreciate your understanding in this matter.

Sincerely,

A handwritten signature in cursive script that reads "A. Pardillo M.D.".

Armando A. Pardillo, M.D.

attachment#
P96000042552
A0075594

Armando A. Pardillo, M.D.
1206 Manor South Drive
Weston, Florida 33326

Telephone: 954-389-0043

September 1, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re: DOCUMENT #P96000042552

To Whom It May Concern:

Please be advised that I received the 2000 UBR second notice and not the first 2000 UBR mailing. I would like to request to consider in waiving the penalty for late filing.

Enclosed please find the Uniform Business Report and a check in the amount of \$150.00.

Thank you for your consideration in this matter.

Sincerely,


Armando A. Pardillo, M.D.

AAP/cr

Enc.