

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048242

1. Entity Name

L & F SERVICES, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90198 036 ***150.00

Principal Place of Business

Mailing Address

401 SOUTH SEAS DRIVE
#402
JUPITER FL 33477

401 SOUTH SEAS DRIVE
#402
JUPITER FL 33477

28142

2. Principal Place of Business

3. Mailing Address

217 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

4. FEI Number

65-0762323

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRANZESE, LEWIS
401 SOUTH SEAS DRIVE
#402
JUPITER FL 33477

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	FRANZESE, MICHAEL	
STREET ADDRESS	401 SOUTH SEAS DRIVE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANZESE, LEWIS	
STREET ADDRESS	401 SOUTH SEAS DRIVE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BABINO, SALVATORE	
STREET ADDRESS	401 SOUTH SEAS DRIVE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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		
STREET ADDRESS		
CITY-ST-ZIP		
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

Date

Daytime Phone #

CR2E034 (10/00)