

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048242

1. Entity Name
L & F SERVICES, INC.

Principal Place of Business
217 N FEDERAL HWY
BOYNTON BEACH FL 33435

Mailing Address
217 N FEDERAL HWY
BOYNTON BEACH FL 33435

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 65-0762323

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

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

Name ISLAM SHAFIQU
Street Address (P.O. Box Number is Not Acceptable)
2111 NE 3RD ST
City BOYNTON BEACH FL Zip Code 33435

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 *Shafiqul Islam*

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, 2002 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	FRANZESE, MICHAEL	
STREET ADDRESS	401 SOUTH SEAS DRIVE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	DELETE
NAME	FRANZESE, LEWIS	
STREET ADDRESS	401 SOUTH SEAS DRIVE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	XD SHAFIQU ISLAM	DELETE
NAME	2111 NE 3RD ST	
STREET ADDRESS	BOYNTON BEACH FLA 33435	
CITY-ST-ZIP		
TITLE	(S) SHAMSAD ISLAM	DELETE
NAME	2111 NE 3RD ST	
STREET ADDRESS	BOYNTON BEACH FL 33435	
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		CHANGE	ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		CHANGE	ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		CHANGE	ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		CHANGE	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:

Shafiqul Islam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02

Date

Daytime Phone #

Shafiqul ISLAM

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90220 001 ***150.00

DUPLICATE



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)