

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90127 036 ***150.00

DOCUMENT # P97000103043

1. Entity Name

L.D. ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business

1012 N OCEAN BLVD
PM #2
POMPANO BEACH FL 33062
US

Mailing Address

36 BOXBERGER RD C/O DUMAIN
PINE BUSH NY 12566
US

2. Principal Place of Business

1500 E. Commercial Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

4. FEI Number 58-2362044

Applied For

Not Applicable

Zip

33334

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

HANDIN, GARY I
3111 UNIVERSITY DRIVE #404
CORAL SPRINGS FL 33065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DUMAIN, LAWRENCE
STREET ADDRESS 3111 UNIVERSITY DRIVE #404
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS 36 Boxberger Road
CITY-ST-ZIP Pine Bush, NY 12566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)