

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000367

1. Entity Name

L & W ASSOCIATES OF DADE, INC.

FILED

00 SEP -5 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

130 NE 40TH ST., #9A (SAME)
MIAMI, FL 33137

2. Principal Place of Business

130 NE 40 ST.

3. Mailing Address

130 NE 40TH ST.

Suite, Apt. #, etc.

9A

Suite, Apt. #, etc.

9A

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

Zip

33137

Country

MIAMI-DADE

4. FEI Number

X

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIE C. ROBINSON
130 NE 40TH ST., #9A
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name

400003397964-8

Street Address (P.O. Box Number is Not Acceptable)

09/19/00-01039-001

*****70.00 *****70.00

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

Willie C. Robinson

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, 2000 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	WILLIE C. ROBINSON	
STREET ADDRESS	130 NE 40 ST.	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	LONNIE ROBINSON	
STREET ADDRESS	6031 NW 201 LANE	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM C. ROBINSON	
STREET ADDRESS	28 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL 33130	
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		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIE C. ROBINSON	
STREET ADDRESS	130 NE 40TH ST.	
CITY-ST-ZIP	MIAMI, FL 33137	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SP

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:

Willie C. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00 (305) 576 2866

Date Daytime Phone #

CR2E034 (9/99)