

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90098 038 ***150.00

DOCUMENT # P98000002550

1. Entity Name
L.R.G. BUSINESS SERVICES SPECIALIST, INC.

Principal Place of Business
13791 SW 66 STREET, E-171
MIAMI FL 33183

Mailing Address
13791 SW 66 STREET, E-171
MIAMI FL 33183

2. Principal Place of Business
6635 SW 138 COURT
Suite, Apt. #, etc.

3. Mailing Address
6635 SW 138 COURT
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0805735**

Applied For
Not Applicable

Zip **33183** **Country** **DADE**

Zip **33183** **Country** **DADE**

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

GESUALDI, LILIAN
13791 SW 66 STREET, E-171
MIAMI FL 33183

Name **GESUALDI, LILIAN** (SAME, JUST CHANGE OF ADDRESS)
Street Address (P.O. Box Number is Not Acceptable) **6635 SW 138 COURT**
City **Miami** **FL** **Zip Code** **33183**

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 *Lilian R. Gesualdi* **(Lilian R. GESUALDI - President)** **4/27/01**
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 NAME STREET ADDRESS CITY-ST-ZIP	P GESUALDI, LILIAN 13791 SW 66 STREET, E-171 MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President GESUALDI, LILIAN 6635 SW 138 COURT Miami, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ↓ Change of Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Lilian R. Gesualdi* **(Lilian R. GESUALDI - President)** **4/28/01** **(305) 387-4532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)