

2000 UNIFORM BUSINESS REPORT (UBR)

10F2 0381519

DOCUMENT # P98000030322

1. Entity Name

LMS & C CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JULY 27 PM 12:44

Principal Place of Business

Mailing Address

6561 N.W. 40TH COURT
BOCA RATON FL 33496

6561 N.W. 40TH COURT
BOCA RATON FL 33496-4021

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 65-0834867

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

BARITZ, NEIL S ESQ
DREIER & BARITZ
1515 NORTH FEDERAL HIGHWAY #300
BOCA RATON FL 33432

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CSD
FARACHE, LISA W
6561 N.W. 40TH COURT
BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003349728-2
-08/08/00-01084-023
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/20/00

Daytime Phone #

CR2E034 (9/99)

20F2

LISA FARACHE
6561 N.W 40TH COURT
BOCA RATON, FLORIDA 33496
TEL: (561)995-4646

July 21, 2000

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: LMS & C CORP.
ID#: 65-0834867
Form: 2000 UNIFORM BUSINESS REPORT (UBR)

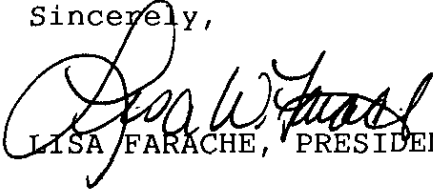
Gentlemen,

Please find enclosed a completed (UBR) form and a check in the amount of \$150.00. Please be advised that I have been very ill for the past six months. I have been in and out of the hospital several times and have not been able to take care of my financial and business matters. Over the past years I have filed all by reports in a timely fashion.

I kindly request the abatement of the late charge, and that you accept my check for \$150.00 in good faith. Again, I apologize for the late filing.

Thank you for your prompt attention to this matter, and do not hesitate to call me if you have any questions.

Sincerely,


LISA FARACHE, PRESIDENT