

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074406

1. Entity Name

L & L MEDICAL SERVICES, CORP.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90002 019 ***550.00

Principal Place of Business

3990 W FLAGLER ST
 STE 406
 CORAL GABLES FL 33134

Mailing Address

7481 SW 56 ST
 MIAMI FL 33155-5505
 US

2. Principal Place of Business

351 NW LeJeune Rd.

3. Mailing Address

P.O. Box 557634

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33126

Country

33126

Zip

33126

Country

33126

4. FEI Number

65-0862506

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

LEON, GUSTAVO
 7481 SW 56 ST
 MIAMI FL 33155

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 ☐ Delete
 NAME D
 STREET ADDRESS LEON, GUSTAVO
 CITY-ST-ZIP 7481 SW 56 ST
 MIAMI FL 33155

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)