

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90194 027 ***150.00

DOCUMENT # P98000095095

1. Entity Name
LOOKDOWN ENTERPRISES, INC.

Principal Place of Business

**2512 GULFSTREAM DRIVE
MIRAMAR FL 33023-4625**

**ADDRESS
CHANGE**

Mailing Address

**2512 GULFSTREAM DRIVE
MIRAMAR FL 33023-4625**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4735 COLLIER RD

Suite, Apt. #, etc.

3. Mailing Address

4735 COLLIER RD

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-0875200

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

33463

Country

USA

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

SILVESTRE, RAMON J

~~**2512 GULFSTREAM DRIVE
MIRAMAR FL 33023-4625**~~

**4735 COLLIER RD
LAKE WORTH FL
33463**

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, 2002 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 **SILVESTRE, RAMON J**
CITY-ST-ZIP ~~**2512 GULFSTREAM DRIVE
MIRAMAR FL 33023-4625**~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4735 COLLIER RD.**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SILVESTRE, FILOMENA C**
CITY-ST-ZIP ~~**2512 GULFSTREAM DRIVE
MIRAMAR FL 33023-4625**~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4735 COLLIER RD.**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LLERENA, MARCOS**
CITY-ST-ZIP ~~**7212 SW 137 CT
MIAMI FL 33183**~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **507 SWAN AVE.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LLERENA, CARMEN S**
CITY-ST-ZIP ~~**7271 SW 137 CT
MIAMI FL 33183**~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **507 SWAN AVE.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Filomena C. SILVESTRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/02 561-963-0623

Date

Daytime Phone #

0153149 AV

CR2E034 (9/01)