

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017839

1. Entity Name

LORAIN & ASSOCIATES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90041 023 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 1882
OPA LOCKA FL 33055

P.O. BOX 1882
OPA LOCKA FL 33055

2. Principal Place of Business

1420 S.W. 85 AVE

3. Mailing Address

P.O. BOX 1882

Suite, Apt. #, etc.

Pembroke Pines

Suite, Apt. #, etc.

OPA-LOCKA.

City & State

FLORIDA

City & State

FLORIDA

Zip

33025

Country

USA

Zip

33055

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0912230

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒

6. Name and Address of Current Registered Agent

~~M. GILL & ASSOCIATES, INC.~~
~~4770 BISCAYNE BLVD., STE 1050~~
~~MIAMI FL 33137~~

7. Name and Address of New Registered Agent

Name

Joyce Stockdale

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

1420 S.W. 85 AVE

City

Pembroke Pines,

FL

Zip Code

33025

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

Joyce Stockdale

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-00

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	<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	
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 checked="" type="checkbox"/> Addition
NAME	President/D
STREET ADDRESS	Joyce Stockdale
CITY-ST-ZIP	1420 S.W. 85 AVE Pembroke Pines, FL 33025
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice Pres/sec/D
STREET ADDRESS	Zelma Jenkins
CITY-ST-ZIP	1420 S.W. 85 AVE Pembroke Pines, FL 33025
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	J.D. MACK
CITY-ST-ZIP	9820 N.W. 7th AVE MIAMI, FL 33150
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	

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:

Joyce Stockdale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-00 954-431-0547

CR2E034 (9/99)