

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032274

1. Entity Name

L & Y CORPORATION

Principal Place of Business

ONE BISCAYNE TOWER, SUITE 2975  
TWO S. BISCAYNE BLVD  
MIAMI FL 33131

Mailing Address

ONE BISCAYNE TOWER, SUITE 2975  
TWO S. BISCAYNE BLVD  
MIAMI FL 33131-1806

2. Principal Place of Business

8760 NW 101 st.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley FL

City & State

4. FEI Number

65-0909222

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

Country

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

MACDANIEL, JOHN M ESQUIRE  
ONE BISCAYNE TOWER, SUITE 2975  
TWO S. BISCAYNE BLVD  
MIAMI FL 33131

Name

JOSE F. LOPEZ

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

730 SAN REMO DR.

City

WESTON.

FL

Zip Code

33326.

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

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES. ☐ Delete  
NAME JOSE F. LOPEZ  
STREET ADDRESS 730 SAN REMO DR  
CITY-ST-ZIP WESTON, FL 33326.

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #

4-26-00

954-8810173

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE