

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052292

1. Entity Name

L.G.F. GROUP, CORP.

Principal Place of Business

2650 SW 154TH AVE.  
DAVIE FL 33331

Mailing Address

2650 SW 154TH AVE.  
DAVIE FL 33331-2605

2. Principal Place of Business

2650 SW 154TH AVE

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

4. FEI Number

65-0925705

Applied For

Not Applied For

Zip

33331

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEMIEUX, MICHEL  
2650 SW 154TH AVE.  
DAVIE FL 33331

7. Name and Address of New Registered Agent

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

TITLE: President  
NAME: L.G.F. Group Inc MICHEL  
STREET ADDRESS: 2650 SW 154TH AVE  
CITY-ST-ZIP: DAVIE FL 33331

TITLE: SECRETARY  
NAME: Mrs. Lemieux  
STREET ADDRESS: 2650 SW 154TH AVE  
CITY-ST-ZIP: DAVIE FL 33331

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

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TITLE:   
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STREET ADDRESS:   
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE:   
NAME:   
STREET ADDRESS:   
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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

1/31/2000 938-916-9362  
Date Daytime Phone #

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90006 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE