

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90021 041 \*\*\*150.00

**DOCUMENT # P99000059821**

1. Entity Name

**LORD & MEMBERS, INC.**

Principal Place of Business

**10733 S.W. 142ND COURT  
 MIAMI FL 33186**

Mailing Address

**10733 S.W. 142ND COURT  
 MIAMI FL 33186**

**00094010**

2. Principal Place of Business

**7860 NW 7th CT**

Suite, Apt. #, etc.

3. Mailing Address

**7860 NW 7th CT**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**PLANTATION FL**

City & State

**PLANTATION FL**

4. FEI Number

**65-0932006**

Applied For

Not Applicable

Zip

**33324**

Country

**US**

Zip

**33324**

Country

**U.S.**

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

**BENGOCHEA, ROSA C**

**10733 S.W. 142ND COURT  
 MIAMI FL 33186**

**7860 NW 7th CT  
 Plantation, FL 33324**

7. Name and Address of New Registered Agent

Name

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

**7860 NW 7th CT**

City

**PLANTATION**

**FL**

Zip Code

**33324**

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

*Rosa C Bengochea Pres.*

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

(NOTE: Registered Agent signature required when reinstating)

**3/1/02**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DE LA PENA, EDMUNDO R</b>	
STREET ADDRESS	<b>4282 E. 4TH COURT</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DE LA PENA, BARBARA</b>	
STREET ADDRESS	<b>4282 E 4TH COURT</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DE LA PENA, EDMUNDO J</b>	
STREET ADDRESS	<b>4282 E 4TH COURT</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DE LA PENA, LEOPOLDO R</b>	
STREET ADDRESS	<b>367 WEST 58TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, MANUEL E</b>	
STREET ADDRESS	<b>626 WEST 35TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BENGOCHEA, ROSA C</b>	
STREET ADDRESS	<b>10733 S.W. 142ND CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7860 NW 7th CT</b>
STREET ADDRESS	<b>PLANTATION, FL 33324</b>
CITY-ST-ZIP	

CR2E034 (9/01)

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:

*Rosa C Bengochea President*

**4/25/02 954-689-4748**

Date

Daytime Phone #