

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076719

1. Entity Name

L & A STANDARD HOMECARE AND CUSTODIAL SERVICES.

Principal Place of Business

10410 NORTHWEST 31ST COURT
SUNRISE FL 33351

Mailing Address

10410 NORTHWEST 31ST COURT
SUNRISE FL 33351-6841

2. Principal Place of Business

6299 West Sunrise Blvd.

Suite, Apt. #, etc.

Suite 208

City & State
Sunrise, Florida

Zip
33313

Country
USA

3. Mailing Address

6299 W. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 208

City & State
Sunrise, Florida

Zip
33313

Country
USA

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90088 013 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0956207

Applied For

Not Applicable

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

TULLOCH, ANDREA M
915 MIDDLE RIVER
SUITE 302
FT. LAUDERDALE FL 33304

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STANBURY, LORNA
10410 NORTHWEST 31ST COURT
SUNRISE FL 33351

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBINSON, ALEXANDER
10410 NORTHWEST 31ST COURT
SUNRISE FL 33351

☐ Delete

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

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

(954) 581-7373

Daytime Phone #

CR2E034 (9/99)