

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

0189206 AV

DOCUMENT # P99000085564

1. Entity Name
L & L REBUILDERS INC.



04-09-2003 90188 007 ***150.00

Principal Place of Business
**461 N.W. 46TH STREET
POMPANO BEACH FL 33064**

Mailing Address
**461 N.W. 46TH STREET
POMPANO BEACH FL 33064**



2. Principal Place of Business
1015 N. Dixie Hwy.
Suite, Apt. #, etc.

3. Mailing Address
1015 N. Dixie Hwy.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH, FL.
Zip
33060

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POMPANO BEACH, FL.
Zip
33060

4. FEI Number **65-0950050**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 - Additional Fee Required**

6. Name and Address of Current Registered Agent

**EUCEDA, LUIS
461 N.W. 46TH STREET
POMPANO BEACH FL 33064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	EUCEDA, LUIS	
STREET ADDRESS	461 N.W. 46TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUESADA, LUIS	
STREET ADDRESS	461 N.W. 46TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x *Luis Euceda* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/03

Date

Daytime Phone #

0189206 AV