

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089554

1. Entity Name

L & L REALTY INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90089 024 \*\*\*150.00

Principal Place of Business

215 5TH ST., #108  
W. PALM BEACH FL 33401

Mailing Address

2000 N FLORIDA MANGO RD  
200  
WEST PALM BEACH FL 33409

C0049478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3540 Forest Hill Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

City & State

W Palm Beach FL

4. FEI Number 65-0954460

Applied For

Not Applicable

Zip

Country

Zip

Country

33406

USA

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

DENTRY, DEBORAH A  
2000 N. FLORIDA MANGO RD., #200  
W. PALM BEACH FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable) # 203  
3540 Forest Hill Blvd

City

W Palm Beach

FL

Zip Code

33406

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	HEATON, INN D	
STREET ADDRESS	215 FIFTH ST #108	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEATON, INN D	
STREET ADDRESS	215 FIFTH ST #108	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	DENTRY, DEBORAH A	
STREET ADDRESS	2000 N FLORIDA MANGO RD #200	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3540 Forest Hill Blvd #203	
CITY-ST-ZIP	W Palm Beach FL 33406	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3540 Forest Hill Blvd #203	
CITY-ST-ZIP	W Palm Beach FL 33406	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3540 Forest Hill Blvd #203	
CITY-ST-ZIP	W Palm Beach FL 33406	
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		

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: Deborah A Dentry Deborah A Dentry 4/14/01 5214334810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)