

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091859

1. Entity Name

~~GASTON ENTERPRISES, INC.~~
LORS, Inc,

N/C 5/30/2K

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90003 037 ***158.75

Principal Place of Business

Mailing Address

1860 WEST AVENUE, SUITE 220
MIAMI BEACH FL 33139

1860 WEST AVENUE, SUITE 220
MIAMI BEACH FL 33139-1464

2. Principal Place of Business

3. Mailing Address

1860 West Ave.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami BC

Zip

33139

DADE

Country

4. FEI Number

65 0992758

☒ 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

GASTON, ELENA R
1860 WEST AVENUE, SUITE 220
MIAMI BEACH FL 33139

Name Joseph SAVARD

Street Address (P.O. Box Number is Not Acceptable)
4127 NW 88th Ave. #203

City Coral Springs

FL

Zip Code 33065

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

Joseph Savard

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 PSTD
NAME GASTON, ELENA R
STREET ADDRESS 1860 WEST AVENUE, SUITE 220
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ Delete

TITLE PSTD
NAME Joseph SAVARD
STREET ADDRESS 4127 NW 88th Ave. #203
CITY-ST-ZIP Coral Springs, FL 33065 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Joseph Savard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/00

Date

Daytime Phone #

CR2F034 (9/93)