

2001 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-14-2001 90274 002 ***150.00

DOCUMENT # P99000092564

1. Entity Name

L & R TRADING CORP.

Principal Place of Business

Mailing Address

~~8715 ARBOR OAKS COURT SUITE 201~~
~~BOCA RATON FL 33428~~

~~8715 ARBOR OAKS COURT SUITE 201~~
~~BOCA RATON FL 33428~~

2. Principal Place of Business

19713 BLACK OLIVE LN

3. Mailing Address

19713 BLACK OLIVE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33498

Country

Zip

33498

Country

4. FEI Number

65-0957719

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

Name

JUAN P. LOZANO

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

19713 BLACK OLIVE LANE

City

BOCA RATON

FL

Zip Code

33498

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 date 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

TITLE	PTD	☒ Delete
NAME	LOZANO, JUAN P.	
STREET ADDRESS	8715 ARBOR OAKS COURT SUITE 201	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SVD	☐ Delete
NAME	RESTREPO, MARCELA	
STREET ADDRESS	8715 ARBOR OAKS COURT SUITE 201	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	☒ Change ☐ Addition
NAME	LOZANO, JUAN P.	
STREET ADDRESS	19713 BLACK OLIVE LANE	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	SVD	☒ Change ☐ Addition
NAME	RESTREPO, MARCELA	
STREET ADDRESS	19713	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(f), 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 an other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/01

CR2E034 (10/00)