

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39154

1. Entity Name

LOURDES PINDER, P.A.

Principal Place of Business

Mailing Address

11798 S.W. 100TH STREET  
MIAMI FL 33186  
US

11798 S.W. 100TH STREET  
MIAMI FL 33186  
US

2. Principal Place of Business

3. Mailing Address

9372 CARLYLE AVE

9372 CARLYLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SURFSIDE FL

City & State

SURFSIDE FL

Zip

33154

Country

US

Zip

33154

Country

US

4. FEI Number

65-0248218

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

PINDER, LOURDES  
11798 S.W. 100TH STREET  
MIAMI FL 33186

Name

FEDERICO ELIAS

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

9565 HARDING AVENUE

City

SURFSIDE

FL

Zip Code

33154

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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 D  
NAME PINDER, LOURDES  
STREET ADDRESS 11798 S.W. 100TH STREET  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME LOURDES V. ELIAS  
STREET ADDRESS 9372 CARLYLE AVENUE  
CITY-ST-ZIP SURFSIDE, FL 33154 ☒ Change ☐ Addition

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

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

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

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

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:

*Loures V. Elias*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

305-867-0274

Daytime Phone If

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90169 030 \*\*\*150.00

0005822



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)