

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

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

0235635

**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

0005822

2. Principal Place of Business

3. Mailing Address

**9372 CARLYLE AVE**  
 Suite, Apt. #, etc.

**9372 CARLYLE AVE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**SURFSIDE FL**

City & State

**SURFSIDE FL**

4. FEI Number **65-0248218**

Applied For

Not Applicable

Zip

**33154**

Country

**US**

Zip

**33154**

Country

**US**

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]*

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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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)(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:

*Lourdes Elias*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01**

Date

**305-867-0274**

Daytime Phone #

CR2E034 (10/00)