

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90087 036 ***150.00

DOCUMENT # V16475

1. Entity Name

LORD CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14685 S.W. 104 STREET

Suite, Apt. #, etc.

3. Mailing Address

14685 S.W. 104 STREET

Suite, Apt. #, etc.

City & State

MIAMI-FL

City & State

MIAMI-FL

Zip

33106

Country

U.S.A.

Zip

- 33106 -

Country

- U.S.A. -

4. FEI Number

65-0318949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANGELINA L. RODRIGUEZ

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

6808 S.W. 105 COURT

City

MIAMI

FL

Zip Code

33173

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, word 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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/P/S*
NAME *ANGELINA L. RODRIGUEZ*
STREET ADDRESS *6808 S.W. 105 COURT*
CITY-ST-ZIP *MIAMI-FL 33173*

TITLE *D/P*
NAME *ARTHUR F. RODRIGUEZ*
STREET ADDRESS *6808 S.W. 105 COURT*
CITY-ST-ZIP *MIAMI-FL 33173*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur F. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR F. RODRIGUEZ

4-20-02

Date

Daytime Phone #