

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90142 031 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P000000 97884

1. Entity Name

L G Real Estate Investment Corp.

01100

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

536 Biltmore Way

Suite, Apt. #, etc.

3. Mailing Address

536 Biltmore Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-1054116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

7. Name and Address of Current Registered Agent

Name

Cuevas & Rubins, P.A.

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

ANDREW CUEVAS, Esq.

536 Biltmore Way

City

Coral Gables

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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

Andrew Cuevas

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

(NOTE: Registered Agent signature required when reissuing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
TASSINI, GUIDO
536 Biltmore Way
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NTD
Bensayan, Liliam
536 Biltmore Way
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 duly empowered.

SIGNATURE:

Guido Tassini
PSD

Liliam Bensayan
NTD

4/10/02

(305) 461-9500

Date

City/State/Phone #

CR2E0348 (12/01)