## 2000 UNIFORM BUSINESS REPORT (UBR)

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## **FILED** DOCUMENT # **P99000024938** Apr 11, 2000 8:00 am Secretary of State LCNF INVESTMENTS, INC. 04-11-2000 90007 014 \*\*\*150.00 Mailing Address Principal Place of Business C/O JULIAN RODRIGUEZ, CPA C/O JULIAN RODRIGUEZ. CPA 2901 PONCE DE LEON BLVD. SUITE 1000 2801 PONCE DE LEON BLVD. SUITE 1000 CORAL GABLES FL 33134-6900 CORAL GABLES FL 33134 76000007 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, JULIAN Street Address (P.O. Box Number is Not Acceptable) 2801 PONCE DE LEON BLVD. **SUITE 1000** CORAL GABLES FL 33134 Zip Code FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition Delete TITLE TITLE COLMENERO, LUIS A NAME NAME STREET ADDRESS STREET ADDRESS AVENIDA ROOSEVELT OFICINA APARTADO 1040 CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZUELA ☐ Change ☐ Addition ☐ Detete TITLE TITLE FULCHINI, NICOLINO A NAME NAME STREET ADDRESS AVENIDA ROOSEVELT OFICINA APARTADO 1040 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZUELA Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true 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.

Daytime Phone #