

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91008 028 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # F 72455 1. Entity Name L + B INVESTMENT CORP				<p>Principal Place of Business</p> <p>905 N. FRANKLIN AVE #I HOMESTEAD, FL 33034</p> <p>Mailing Address</p> <p>905 N. FRANKLIN AVE UNIT I HOMESTEAD, FL 33034</p>	
2. Principal Place of Business 905 N. FRANKLIN AVE Suite, Apt. #, etc. UNIT I City & State HOMESTEAD, FL Zip 33034 Country USA		3. Mailing Address 905 N. FRANKLIN AVE Suite, Apt. #, etc. UNIT I City & State HOMESTEAD, FL Zip 33034 Country USA			
4. FEI Number W-0094993		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent JUAN R. LOPEZ 905 N. FRANKLIN AVE UNIT I HOMESTEAD, FL 33034			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (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. <input type="checkbox"/>					
10. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/>					
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State					
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	PRESIDENT				
	JUAN R. LOPEZ				
	905 N. FRANKLIN AVE UNIT I				
	HOMESTEAD, FL 33034				
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 JUAN R. LOPEZ APR 5 3/29/01 305-246-4379 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (11/00)