

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90002 036 ***150.00

DOCUMENT # **F 72455**
 1. Entity Name
L + B INVESTMENT CORP

Principal Place of Business Mailing Address
905 N. FRANKLIN AVE # I **5200 W. 8th**
HOME STEAD, FL 33034 **STE 115**
FL 33174

2. Principal Place of Business 3. Mailing Address
905 N. FRANKLIN AVE **5200 W. 8th**
UNIT I **SUITE 115**

City & State City & State
HOME STEAD, FL **CORAL GABLES, FL**
 Zip Country Zip Country
33034 **USA** **33134** **USA**

4. FEI Number Applied For
65-0094993 ☐ Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
JUAN R. LOPEZ
600 NE 36th #1401
MIAMI, FL 33137

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

Signature, typed 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) ☐

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
MANAGING DIRECTOR ☐ Delete
JUAN R. LOPEZ
600 NE 36th #1401
MIAMI, FL 33034
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 304-442-2910
 Date Daytime Phone #