

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90209 009 ***150.00

DOCUMENT # H13998

1. Entity Name
L/P MAGAZINE, INC.



Principal Place of Business
**4701 SW 45TH STREET
DAVIE FL 33314-3901**

Mailing Address
**4701 SW 45TH STREET
DAVIE FL 33314-3901**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

NEW # 92-0585730 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2441849**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REZA, MOEINIAN
1187 SW 149 LANE
SUNRISE FL 33326**

Name **JORGE USCATEGUI**

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

11828 N.W. 13th ST

City **PEMBROKE PINES**

FL

Zip Code **33026**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jorge Usategui*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **MOEINIAN, REZA**
STREET ADDRESS **4701 SW 45 ST**
CITY-ST-ZIP **DAVIE FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JORGE USCATEGUI**
STREET ADDRESS **11828 N.W. 13th ST**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
NAME **SAMUEL USCATEGUI**
STREET ADDRESS **11150 REDWOOD AVE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jorge Usategui
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE USCATEGUI 3/19/03 (954) 433-4167
Date Daytime Phone #

CR2E034 (10/02)