

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

K90617

L.L. & C. INVESTMENT, INC.

Principal Place of Business

Mailing Address

2334 NW 7th ST.
MIAMI, FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0127331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 SEP 29 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1062

6. Name and Address of Current Registered Agent

ROBERTO ABREU
2334 NW 7th ST.
MIAMI, FL 33125

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete

NAME P/V/S/T/D
STREET ADDRESS ROBERTO ABREU
CITY - ST - ZIP 3927 EDWARD AVE.
W. PALM BCH, FL 33361

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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****150.00 ****150.00

☐ Change ☐ Addition

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LS

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: *Roberto Abreu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

L.L. & C. INVESTMENT, INC.
DOC.# K90617

2df

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE UNIFORM BUSINESS REPORT FORM
ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF
STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I AM FAMILIAR WITH THE FLORIDA DEPT. OF
STATE'S ANNUAL FILING REQUIREMENTS AND THAT IT IS OUR
RESPONSIBILITY TO NOTIFY YOUR OFFICE IN WRITING OF ANY CHANGES
IN OUR ADDRESS.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN
ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT
ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION
REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW
ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY,



ROBERTO ABREU
PRESIDENT