

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90198 035 \*\*\*\*50.00

**DOCUMENT # L00000000997**

1. Entity Name  
**LFP, LIMITED LIABILITY COMPANY**

Principal Place of Business  
**12150 SOUTHWEST 92 AVE.**  
**MIAMI FL 33176**

Mailing Address  
**12150 SOUTHWEST 92 AVE.**  
**MIAMI FL 33176**

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 **65-0642040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**LAW OFFICE OF DANIEL LAZAR**  
**11110 NORTH KENDALL DRIVE #200**  
**MIAMI FL 33176**

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

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE **PRES** ☐ Delete  
 NAME **LAZAR, LESTER**  
 STREET ADDRESS **12150 SOUTHWEST 92 AVE.**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **LAZAR, ROBERTA**  
 STREET ADDRESS **12150 SOUTHWEST 92 AVE.**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**  
 Lester Lazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**July 3, 02** **255/496**  
**305**

CR2E083 (4/02)