

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90021 023 ****50.00

DOCUMENT # L01000004663

1. Entity Name

L & C INVESTMENT PROPERTIES L.C.

Principal Place of Business

**18755 BISCAYNE BLVD.
 AVENTURA FL 33180**

Mailing Address

**18755 BISCAYNE BLVD.
 AVENTURA FL 33180**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

338 Minorca Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

Country

Zip

Country

33134

U.S.

4. FEI Number

65-1143933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CABEZA, MANUEL E
 338 MINORCA AVE.
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
International Registered Agents Corporation

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

City
Coral Gables

FL

Zip Code
33134

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 **Maria Elena Cabeza, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 11, 2002

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **Villa, Leonardo**
 STREET ADDRESS **Carrera 7 No. 139-20 Apt..501 T. 3**
 CITY-ST-ZIP **Bogota, Colombia**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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:

Leonardo Villa, Manager **Feb 27th / 02**
(305) 444-7282

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

Date

Daytime Phone #

CR2E083 (9/01)