

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90039 038 ****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

~~338 MINORCA AVENUE~~
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

3. Mailing Address

2588 SW 27th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI - FL

Zip

Country

Zip

33133

Country

U.S.

4. FEI Number **65-1143933**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

INTERNATIONAL REGISTERED AGENTS CORP
338 MINORCA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **ANTONIO GARCIA**

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

2588 S.W. 27th AVE.

City

MIAMI

FL

Zip Code

33133

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

4/21/03

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, COLUMBIA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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

TITLE ☐ Change ☐ Addition
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NAME
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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

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

Date

Daytime Phone #

4/21/03

CR2E083 (10/02)