

2002-2003

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 201000022133
1. Entity Name
LPA Investment Limited Liability Company



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 13 PM 12:59

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Miami-Dade - Florida
Suite, Apt. #, etc.
1643 Brickell Ave #2403
City & State
Miami - FL
Zip
33129 Country
Miami

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
37-1447467
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Hamid. ABBASSI
Street Address (P.O. Box Number is Not Acceptable)
1643 Brickell Ave #2403
City
Miami - FL FL Zip Code
33129

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

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Hamid R. Abbassi</u> <u>Same as #2</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>FLORA ABBASSI</u> <u>Same as #2</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100019732997</u> <u>05/22/03 01013 029 \$50.00</u> <u>302156900514</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>05/27/02 90408 014 \$50.00</u>
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IN THIS SPACE**

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: Hamid R. Abbassi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/10/03 (305) 547-1449
Date Daytime Phone

CR2E083B (12/02)