

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90441 045 ***150.00

DOCUMENT #

1. Entity Name **Lo4994**

LIFRAN ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**430 Candia Ave C, Gables
C, G, FL 33134**

3. Mailing Address

**3905 Riviera Dr C, Gables
FL 33134**

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

59-20552 13

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **John Herrera**

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

430 Candia Ave Coral Gables Fla 33134

City

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	John Herrera 430 Candia Ave C, Gables Fl 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Herrera 425 Aledo Ave C, G, Flo 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.Pres.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alex Herrera 333 Malaga Ave C, G, Flo 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.S.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

Daytime Phone #

CR2E034B (12/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L04994** / **1636555**

Entity Name
LIFRAN ENTERPRISES, INC.

Principal Place of Business

**RIVIERA DR.
CORAL GABLES FL 33134**

Mailing Address

**3905 RIVIERA DR.
CORAL GABLES FL 33134**

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**HERRERA, RICHARD
425 ALEDO AVE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2001 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
HERRERA, RICHARD
425 ALEDO AVE
CORAL GABLES FL 33134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
HERRERO, JOHN
430 CANDIA AVE
CORAL GABLES FL 33134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
HERRERA, ALEX
3905 RIVIERA DR
CORAL GABLES FL 33134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

DELIVERED FOR PAYMENT ON THE FOLLOWING ACCOUNT

ACCOUNT #	59-2055213
Document #	L04994
THE SUM	

LIFRAN ENTERPRISES, INC
P.O. BOX 141294
CORAL GABLES, FL 33114-1204

1986

63-1133/650
01

PAY
TO THE
ORDER OF

Department of State

DATE **3-15-01**

\$ 150.00

150 DOLLS 00 CT.

DOLLARS

OCEAN BANK
780 N W 42ND AVE
MIAMI, FLORIDA 33126

[Signature]

001986 066011392 010061780 05

ATTACHMENT



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2055213**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

CR2E034 (10/00)