APR-30-02 08:30 PM 30!

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91164 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003852

1. Entity Name

L&L INVESTMENT CAPITAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14393 SW 142 ST
Suite, Apt. #, etc.
MIAMI FL
Zip 33186 Country USA

Mailing Address
14393 SW 142 ST
Suite, Apt. #, etc.
City & State MIAMI, FL
Zip 33186 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0973340 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name JORGE LAFFITTE
Street Address (P.O. Box Number is Not Acceptable)
14393 SW 142 ST
City MIAMI FL Zip Code 33186

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 _____ DATE
(Typed, printed or stamped name of registered agent and title if applicable) (Signature of Registered Agent required when reinstating)

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 P NAME JORGE LAFFITTE STREET ADDRESS 14393 SW 142 ST CITY-ST-ZIP MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 attachment 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, title or other designation.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #