

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

07-19-2001 90006 043 ***150.00
 08-16-2001 90003 031 ***408.75

DOCUMENT # P00000028624

1. Entity Name **LYLE INVESTMENTS, LLC**

Principal Place of Business

Mailing Address

3201 BRIDGEWOOD DRIVE
MIAMI, FL 33434

SAME

2. Principal Place of Business

2503 NW 64 AVE.

3. Mailing Address

2503 NW 64 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0996462

Applied For

Not Applicable

Zip

33496

Country

PALM BEACH

Zip

33496

Country

PALM BEACH

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVA, LUIS M.

3201 BRIDGEWOOD DRIVE
MIAMI, FL 33434

Name

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

2503 NW 64 AVE.

City

BOCA RATON

FL

Zip Code

33496

7. Name and Address of New Registered Agent

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 re-registering)

DATE

9. 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

11. OFFICERS AND DIRECTORS

TITLE **PD**
 NAME **GONZALEZ, JAVIER**
 STREET ADDRESS **3201 BRIDGEWOOD DRIVE**
 CITY-ST-ZIP **MIAMI, FL 33434**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE **CFO, S**
 NAME **LUIS M. SILVA**
 STREET ADDRESS **2503 NW 64 AVE**
 CITY-ST-ZIP **BOCA RATON, FL 33496**

☐ Change

☒ Addition

TITLE
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 if changed, or on an attachment with an address without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-01

Date

561-361-7803

Daytime Phone #

CR2E034 (11/00)