

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000062355**

1. Entity Name

LIP INVESTMENTS, INC.**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90075 023 ***150.00

Principal Place of Business

**808 BRICKELL KEY DRIVE
APT. 3101
MIAMI FL 33131**

Mailing Address

**808 BRICKELL KEY DRIVE
APT. 3101
MIAMI FL 33131****740178**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65 1024542

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ-IBANEZ, ROBERT JR
7231 S W 63RD AVENUE E
SUITE 200
MIAMI FL 33143**

Name

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

City



Zip Code

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's 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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-IBANEZ, ANTONIO	NAME	
STREET ADDRESS	900 PRESSLEY ROAD	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28217	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-IBANEZ, JUAN	NAME	
STREET ADDRESS	900 PRESSLEY ROAD	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28217	CITY-ST-ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MARCOS A	NAME	
STREET ADDRESS	808 BRICKELL KEY DRIVE APT 3101	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)