

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90398 021 ***150.00

DOCUMENT # P00000097884

1. Entity Name

LG Real Estate Investments Corp. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1820 N. Corporate Lakes Blvd

Suite, Apt. #, etc.

Suite 305

City & State

Weston, FL

Zip

33326

Country

3. Mailing Address

1820 N. Corporate Lakes Blvd

Suite, Apt. #, etc.

Suite 305

City & State

Weston, FL

Zip

33326

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1054116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Guido Tassini

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

1820 N. Corporate Lakes Blvd #305

City

Weston

FL

Zip Code

33326

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

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

Guido Tassini, Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres, Sec., Director
Guido Tassini
1820 N. Corporate Lakes Blvd #305
Weston, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Pres, Treas, Director
Liliam Bensayan
1820 N. Corporate Lakes Blvd #305
Weston, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guido Tassini 1/15/03

Date

Daytime Phone #

CR2E034B (12/02)