

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90021 001 ***158.75

DOCUMENT # P00000101749

1. Entity Name
L.A.D.P.I., INC.

Principal Place of Business
**1164B NORMANDY DRIVE
MIAMI BEACH FL 33139**

Mailing Address
**1164B NORMANDY DRIVE
MIAMI BEACH FL 33139**

2. Principal Place of Business
3810 HOLLYWOOD BLVD
Suite, Apt. #, etc.

3. Mailing Address
POST OFFICE BOX 297284
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD, FL
Zip
33021
Country
USA

City & State
DEMBROKE PINES, FL
Zip
33029-7284
Country
USA

4. FEI Number
65-1050760
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STEIN, CRAIG E
1164B NORMANDY DRIVE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
Name
LUIS A. DEL VALLE
Street Address (P.O. Box Number is Not Acceptable)
3810 HOLLYWOOD BLVD
City
HOLLYWOOD FL Zip Code
33023

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 **LUIS A. DEL VALLE** **2-26-01**
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. ☐
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL VALLE, LUIS 1164B NORMANDY DRIVE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR LUIS A. DEL VALLE 1242 NW 192 LANE DEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL VALLE, ELIZABETH 1164B NORMANDY DRIVE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / DIRECTOR ELIZABETH DEL VALLE 1242 NW 192 LANE DEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **2-26-01 (954) 559-5322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)