APR-30-02 08:29 PM 30:

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91164 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006027

1. Entity Name
L & L HOMES, INC.

DO NOT WRITE IN THIS SPACE

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

3. 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: [illegible] 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: ________________________

9. This corporation is eligible to satisfy [illegible] Tax filing requirement and elects to do so. (See [illegible] 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	D	TITLE	
NAME	JORGE LAFFITTE	NAME	
STREET ADDRESS	14393 SW 142 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #