

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90507 040 ***150.00

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DOCUMENT # P01000012963

1. Entity Name
LC BUSINESS CORPORATION



Principal Place of Business
**1566 ORION LANE
WESTON FL 33327**

Mailing Address
**1566 ORION LANE
WESTON FL 33327**



2. Principal Place of Business

3. Mailing Address

1566 ORION LN

1566 ORION LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WESTON, FL

WESTON, FL

Zip

Country

Zip

Country

33327

USA

33327

USA

4. FEI Number **65-1072854**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMERO, MARCO
1566 ORION LANE
WESTON FL 33327**

Name **MARCO ROMERO**

Street Address (P.O. Box Number is Not Acceptable)
1566 ORION LN

City **WESTON**

FL

Zip Code **33327**

8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARCO ROMERO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ROMERO, MARCO**
STREET ADDRESS **1566 ORION LANE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

MARCO ROMERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

954-6592592

Daytime Phone #

CR2E034 (10/02)