

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

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90225 044 \*\*\*550.00

DOCUMENT # ~~PO100006937~~

1. Entity Name

THE L & L GROUP, INC

**DO NOT WRITE IN THIS SPACE**

974054

2. Principal Place of Business  
13800 S.W. 8 TH STREET

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
#175

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
33184

Country  
USA

Zip

Country

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

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**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name LUIS S. RAMIREZ

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

12764 SW 64 TERRACE

City MIAMI, FLORIDA

FL

Zip Code  
33183

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 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) ☐

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD - RAMIREZ LUIS S. 12764 SW 64  
TERRACE MIAMI, FLORIDA 33183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD- THOMPSON LILI. 12764 SW 64  
TERRACE MIAMI, FLORIDA 33183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/02

786-493-8223

Date

Daytime Phone #

CR2E034B (12/01)