

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90179 014 ***150.00

DOCUMENT # **P01000065466**

1. Entity Name

L B'S DEVELOPMENT COMPANY, INC



Principal Place of Business

**P.O. BOX 694734
MIAMI FL 33269**

Mailing Address

**P.O. BOX 694734
MIAMI FL 33269**

2. Principal Place of Business

610 N.W. 183rd Street

3. Mailing Address

Suite, Apt. #, etc.

3

City & State

MIAMI, FL

City & State

Zip

33169

Country

U.S.A

Zip

Country

01-0708632

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

010708632

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BERNARD, DAVID

610 NW 183RD ST #3

MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

Lesly Bernard

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

610 N.W. 183rd Street

Suite #3

City

MIAMI

FL

Zip Code

33169

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)

Lesly Bernard

(NOTE: Registered Agent signature required when reinstating)

3/24/03

DATE

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

TITLE **D** ☐ Delete
NAME **BERNARD, LESLY**
STREET ADDRESS **PO BOX 694734**
CITY-ST-ZIP **MIAMI FL 33269**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.** ☐ Change ☒ Addition
NAME **Phillip A. Jean Baptiste**
STREET ADDRESS **2021 Jamaica Drive**
CITY-ST-ZIP **MIRAMAR, FL 33023-2414**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

(Signature)
Lesly Bernard

3/24/03

786-797-9587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)