2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State
02-06-2002 90038 015 ***150.00

DOCUMENT # P01000074866

1. Entity Name
LIVINGSTON ROAD INVESTMENTS, INC.

Principal Place of Business
671 NE 118 ST
BISCAYNE PK FL 33161

Mailing Address
671 NE 118 ST
BISCAYNE PK FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: C/O TR HERRERA
Suite, Apt. #, etc.: 1250 E. HALLANDALE BCH BLVD #1004
City & State: HALLANDALE, FL
Zip: 33009 Country: USA

3. Mailing Address: C/O TR HERRERA
Suite, Apt. #, etc.: 1250 E. HALLANDALE BCH BLVD #1004
City & State: HALLANDALE, FL
Zip: 33009 Country: USA

4. FEI Number: 65-1176491 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBIE, BRIAN P
671 NE 118 ST
BISCAYNE PK FL 33161

7. Name and Address of New Registered Agent

Name: ROBBIE, BRIAN P.
Street Address (P.O. Box Number is Not Acceptable): C/O TR HERRERA
1250 E. HALLANDALE BCH BLVD #1004
City: HALLANDALE FL Zip Code: 33009

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: X Brian Robbie DATE: 01/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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	DP ROBBIE, BRIAN P 671 NE 118 ST BISCAYNE PK FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBBIE, BRIAN C/O TR HERRERA, 1250 E. HALLANDALE BCH BLVD #1004 HALLANDALE, FL 33009 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: X Brian Robbie REQUIRED 01/17/02 954-457-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #