

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90205 043 \*\*\*150.00

**DOCUMENT # P01000096376**

1. Entity Name  
**L.H. INVESTMENTS & CO., INC.**

Principal Place of Business

Mailing Address

~~8278 S.W. 110TH TERRACE~~  
~~MIAMI FL 33156~~

~~8278 S.W. 110TH TERRACE~~  
~~MIAMI FL 33156~~

**5001 SW 92 Ave**  
**MIAMI FL 33165**

**5001 SW 92 Ave**  
**MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**82-0543414**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRILL, KEITH J**  
**1320 SOUTH DIXIE HIGHWAY**  
**SUITE 731**  
**CORAL GABLES FL 33146**

Name

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

City

**FL**

Zip Code

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) ☐

**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 **PD**  
 NAME **MORALES, LEONARDO**  
 STREET ADDRESS **5001 S.W. 92ND AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33165**

☐ Delete

TITLE **VSTD**  
 NAME **PRINGLE, HUGH**  
 STREET ADDRESS **8278 S.W. 110TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33156**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **VSTD**  
 NAME **HUGH PRINGLE**  
 STREET ADDRESS **8107 SW 79th Ave**  
 CITY-ST-ZIP **MIAMI FL 33143**

☒ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
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 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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:

**HUGH PRINGLE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/02**  
 Date

**305-279-1941**  
 Daytime Phone #

CR2E034 (9/01)