FILED

Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90237 045 ***158.75

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT#

P02000044953

1. Entity Name

L & A INVESTMENTS, INC.

Principal Place of Business 1031 NW 106 AVE PLANTATION FL 33322			Mailing Address 1031 NW 106 AVE PLANTATION FL 33322								
2. Principal F	Place of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			-	. FEI Number 32 - 0606. 98	37		oplied For ot Applicable	
Zip		Country	Zip		Country	5.	. Certificate of Status Desired	×	\$8.75 Add		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
MORENO, LORIE					Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)					
1031 NW 106 AVE PLANTATION FL 33322								-			
					City			FL	Zip Cod	e	
the obliga	tions of regist	submits this statement fered agent.	or the purpo	se of changing its r	registered office o	r registered a	agent, or both, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE		or printed name of registered agen	t and title if applic	cable. (NOTE:	Registered Agent signa	ture required when	n reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fit Trust Fund Contribution			0 May Be I to Fees	
10.		OFFICERS AND	DIRECTOR	s	11.	Д	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, 1031 NW PLANTATIO			☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		in Moreno	333 <i>a</i>	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·			, CD 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	
TITLE				□ Doleto	TITLE				Change	Addition	

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition

☐ Change