2005 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
05 JUL 21 PM 2:13
SECRETARY OF STATE

DOCUMENT # P03000138355

1. Entity Name
BROWARD LPMV, INC.

Principal Place of Business	Mailing Address
6020 N.E. 4 AVE FT. Lauderdale, FL, 33334	6020 N.E. 4 AVE FT. Lauderdale, FL. 33334.

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6020 N.E. 4 AVE	6020 N.E. 4 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. Lauderdale FL.	City & State: FT. LAUD. FL.
33334 / Country: BROWARD	Zip: 33334 / Country: BROWARD

4. FEI Number: 20-0436319 ☐ 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
HERNANDO UGARTE 6020 N.E. 4 AVE FT. Laud. FL. 33334.	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Hernando Ugarte 4-30-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	HERNANDO UGARTE 6020 NE 4 AVE FT. Lauderdale, FL. 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700058046727 07/29/05--01056--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400058046754 07/29/05--01056--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PRESIDENT 04-05	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	☐ 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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hernando Ugarte 4-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

To:
Fla Dept of State
REINSTATEMENT SECTION

Ref. DOC.# P03000013855

Dear Sir,

Enclosed Two Checks for - $150 each as per your instructions I mailed out check for $150 before copy enclosed, but I am sending another two checks for renewal - just in case.

I never received Renewal Form and I have no Computer - access. my Corporation was dissolve but I sent one check on 2-22-05 Copy attached but I am requesting you to re-instate my Corporation - because I never receive Renewal

(2)

I have enclosed 2 — Checks if you can't find Cancelled Check in — your record.

Please waive the late fee because I never receive any forms for Renewal or any notice.

Please help me in this matter

Thank you kindly

Sincerely Yours

Hernando UGARTE