

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076699

1. Entity Name  
LFM INT'L CORP.

FILED

03 JUL 15 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
9550 N.W. 12 STREET  
UNIT 11A  
MIAMI, FL 33172 USMailing Address  
9550 N.W. 12 STREET  
UNIT 11A  
MIAMI, FL 33172 US

2. Principal Place of Business

12060 SW 131 Ave  
Suite, Apt. #, etc.

3. Mailing Address

12060 SW 131 Ave  
Suite, Apt. #, etc.☐ CHECK HERE IF MAKING CHANGES

City &amp; State

MIAMI, FL

City &amp; State

MIAMI, FL

4. FEI Number

65-0446970

Applied For

Not Applicable

Zip

33196

Country

USA

Zip

33196

Country

USA

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

6. Name and Address of Current Registered Agent

MOLINA ALFARO, IRVING  
9550 NW 12 STREET  
UNIT 11A  
MIAMI, FL 33172

7. Name and Address of Now Registered Agent

Name IRVING MOLINA ALFARO  
Street Address (P.O. Box Number Is Not Acceptable)

12060 SW 131 Ave

City MIAMI

FL

Zip Code 33196

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when circulating)

DATE

6/24/03

FILE NOW WITH FEE OF \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	FERRERA, CARLOS D	9550 NW 12 STREET, UNIT 11A	MIAMI, FL 33172	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPST	MOLINA ALFARO IRVING	12060 SW 131 Ave	MIAMI, FL 33196	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	MOLINA ALFARO, IRVING	9550 NW 12TH STREET, UNIT 11A	MIAMI, FL 33172	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPST	MOLINA ALFARO IRVING	12060 SW 131 Ave	MIAMI, FL 33196	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Certified Phone #

786-573-1864

CR2034 (10/02)

JK 7/16

Attachment  
90140568

Miami, June 24, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: LFM INT'L CORP.  
Doc Number P93000076699

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2000.

Your consideration will be greatly appreciated.

Sincerely,

Irving Molina Alfaro  
President  
12060 SW 131 Avenue  
Miami, FL 33196