

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000048245**1. Entity Name
LBI GROUP, INC.

Principal Place of Business	Mailing Address
10100 W SAMPLE RD	10100 W SAMPLE RD
SUITE 401	SUITE 401
CORAL SPRINGS FL	CORAL SPRINGS FL
33065 US	33065 US

2. Principal Place of Business	3. Mailing Address
2855 N UNIVERSITY DRIVE	2855 N UNIVERSITY DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 320	SUITE 320

City & State	City & State
CORAL SPRINGS FL	CORAL SPRINGS FL

Zip	Country	Zip	Country
33065	US	33065	US

4. FEI Number	Applied For
65-0499074	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLOVITO PAUL
10100 W SAMPLE RD
SUITE 401
CORAL SPRINGS FL
33065 US**7. Name and Address of New Registered Agent**Name
LOVITO PAUL
Street Address (P.O. Box Number is Not Acceptable)
2855 N UNIVERSITY DRIVE
SUITE 320
City
CORAL SPRINGS FL Zip Code
33065

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 **PAUL LOVITO****04/30/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	LOVITO KIMBERLY W	
STREET ADDRESS	10100 W. SAMPLE ROAD, SUITE 401	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOVITO DARRIN J	
STREET ADDRESS	10100 W SAMPLE RD, SUITE 401	
CITY-ST-ZIP	CORAL SPRING FL 33065	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LOVITO MARC A	
STREET ADDRESS	10100 W SAMPLE RD, #401	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LOVITO MATTHEW J	
STREET ADDRESS	10100 W SAMPLE RD, #401	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	LOVITO PAUL FJR	
STREET ADDRESS	10100 W. SAMPLE RD. #401	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVITO KIMBERLY W	
STREET ADDRESS	2855 N UNIVERSITY DRIVE SUITE 320	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVITO DARRIN J	
STREET ADDRESS	2855 N UNIVERSITY DRIVE SUITE 320	
CITY-ST-ZIP	CORAL SPRING FL 33065	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVITO MARC A	
STREET ADDRESS	2855 N UNIVERSITY DRIVE SUITE 320	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVITO MATTHEW J	
STREET ADDRESS	2855 N UNIVERSITY DRIVE SUITE 320	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVITO PAUL FJR	
STREET ADDRESS	2855 N UNIVERSITY DRIVE SUITE 320	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **PAUL LOVITO**

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)