APR-30-02 08:51 PM 30

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91164 004 ***150.00

667597

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041893

1. Entity Name

L & L INVESTMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 14393 SW 142 ST, Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33196 Country: USA

3. Mailing Address: 14393 SW 142 ST, Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33186 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0583515 (Applied For / Not Applicable)

5. Certificate of Status Desired ☐ $8.75 Additional

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JORGE LAFFITTE
Street Address (P.O. Box Number is Not Acceptable): 14393 SW 142 ST
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, or both, in the State of Florida.

SIGNATURE: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (Required when changing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE VD NAME JORGE LAFFITTE STREET ADDRESS 14393 SW 142 ST CITY-ST-ZIP MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME ORLANDO LAFFITTE STREET ADDRESS 14393 SW 142 ST CITY-ST-ZIP MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S NAME WILLIAM PEREZ STREET ADDRESS 14393 SW 142 ST CITY-ST-ZIP MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE PD NAME JORGE LAFFITTE STREET ADDRESS 14393 SW 142 ST CITY-ST-ZIP MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VD NAME ORLANDO LAFFITTE STREET ADDRESS 14393 SW 142 ST CITY-ST-ZIP MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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

SIGNATURE: _____
(Signature and Typed or Printed Name of Individual) (Date) (Daytime Phone #)