

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

05-21-2002 91164 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9500004T893**

1. Entity Name

LCL INVESTMENT GROUP, INC.**667597****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14393 SW 142 ST

Suite, Apt., etc.

3. Mailing Address

14393 SW 142 ST

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0583315

Exempt For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA5. Certificate of Status Desired ☐ **\$8.75** Additional Fee

7. Name and Address of Current Registered Agent

JORGE LAFFITE

Street Address (P.O. Box Number is Not Acceptable)

14393 SW 142 STCity **MIAMI****FL 33186****DO NOT WRITE
IN THIS SPACE**

8. The above named entity certifies this statement to be a purpose of changing its registered office or principal place of business in the State of Florida

SIGNATURE

By this typed or printed name of registered agent and date if applicable

(NOTE: Registered Agents are required to maintain a valid residence in the state)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

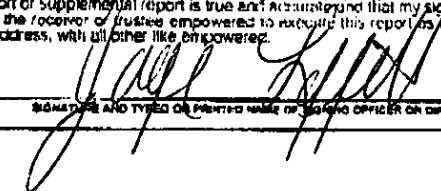
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JORGE LAFFITE 14393 SW 142 ST MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ORLANDO LAFFITE 14393 SW 142 ST MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAM PEREZ 14393 SW 142 ST MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JORGE LAFFITE 14393 SW 142 ST MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ORLANDO LAFFITE 14393 SW 142 ST MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200346 (12/01)