

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000091041**1. Entity Name
LBI HOLDINGS, INC.**Principal Place of Business**10100 W. SAMPLE ROAD
SUITE 401
CORAL SPRINGS
33065

FL

Mailing Address10100 W. SAMPLE ROAD
SUITE 401
CORAL SPRINGS
33065

FL

2. Principal Place of Business
2855 N UNIVERSITY DRIVE**3. Mailing Address**
2855 N UNIVERSITY DRIVESuite, Apt. #, etc.
SUITE 320Suite, Apt. #, etc.
SUITE 320City & State
CORAL SPRINGS

FL

City & State
CORAL SPRINGS

FL

Zip
33065

Country

Zip
33065

Country

4. FEI Number
74-2772363

Applied For

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 ROAD
SUITE 401
CORAL SPRINGS
33065

FL

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****04/26/2001**

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VD ☐ Delete
NAME LOVITO DARRIN J
STREET ADDRESS 10100 W SAMPLE RD STE 401
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE VD ☒ Change ☐ Addition
NAME LOVITO DARRIN J
STREET ADDRESS 2855 MN UNIVERSITY DRIVE SUITE 320
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE VSD ☐ Delete
NAME LOVITO MARC A
STREET ADDRESS 10100 W SAMPLE ROAD, SUITE 401
CITY-ST-ZIP CORAL SPRINGS FLTITLE VSD ☒ Change ☐ Addition
NAME LOVITO MARC A
STREET ADDRESS 2855 N UNIVERSITY DRIVE SUITE 320
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE VTD ☐ Delete
NAME LOVITO MATTHEW J.
STREET ADDRESS 10100 W SAMPLE ROAD, SUITE 401
CITY-ST-ZIP CORAL SPRINGS FLTITLE VTD ☒ Change ☐ Addition
NAME LOVITO MATTHEW J.
STREET ADDRESS 2855 N UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE DPC ☐ Delete
NAME LOVITO PAUL
STREET ADDRESS 10100 W. SAMPLE ROAD, SUITE 401
CITY-ST-ZIP CORAL SPRINGS FLTITLE DPC ☒ Change ☐ Addition
NAME LOVITO PAUL
STREET ADDRESS 2855 N UNIVERSITY DRIVE, SUITE 320
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)