

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000028634**

1. Entity Name

L.B.I. INTERNATIONAL I, INC.

Principal Place of Business

**8085 NW 98TH ST
HIALEAH GARDENS FL 33016**

Mailing Address

**8085 NW 98TH ST
HIALEAH GARDENS FL 33016**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip

Country

4. FEI Number

65-0656756

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, CHARLES A
8344 BAY LAKE RD
GROVELAND FL 34736**

Name

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

City

FL

Zip Code

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

(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, 2002 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

TITLE: **D** Delete
NAME: **ROGERS, CHARLES A**
STREET ADDRESS: **8344 BAY LAKE RD**
CITY-ST-ZIP: **GROVELAND FL 34736**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: 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:

Charles A. Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-02 305 556 8511

Daytime Phone #

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90077 050 ***150.00



DO NOT WRITE IN THIS SPACE

2002
FL
AV

CR2E034 (9/01)