2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700008657 1. Entity Name L.P.F., INC. Mailing Address Principal Place of Business 1002 SW 24TH AVE 1210 S.E. 1ST STREET BOYNTON BEACH FL 33426-7452 **BOYNTON BEACH FL 33426** 3. Mailing Address 9650 2. Principal Place of Business Aloe Rd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Gity & State 4. FEI Number City & State 65-0818 \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AARON, TINA M. Street Address (P.O. Box Number is Not Acceptable) 1002 SW 24TH AVE **BOYNTON BEACH FL 33426**

FILED Feb 14, 2000 8:00 am Secretary of State

02-14-2000 90004 035 ***150.00

Applied For

Not Applicable

			City			FL	Zip Code	•
The above	named entity submits this statement for the	e purpose of changing its reg	gistered office or	registered age	ent, or both, in the State of Floric	ia.		
SNATURE _								
	Signature, typed or printed name of registered agent and t	itle if applicable. (NOTE: Re	egistered Agent signati	re required when re	instating)	DATE		
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, 2000 Fee will be \$550.00 Make Check Payable to Department of State		550.00 t of State	10. Election Campaign Finar Trust Fund Contribution.		Added	May Be to Fees
	OFFICERS AND DIF	RECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND C	DIRECTORS	3 IN 11
LE ME BEET ADDRESS CT-ZIP	PTD AARON, TINA M 1002 S.W. 24TH AVENUE BOYNTON BEACH FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	Addition
	VSD AARON, KENNETH J 1002 SW 24TH AVE BOYNTON BEACH FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9650 Boun	Aloe Rd. ton Beach,		Z Change 3 3 4	□ Addition
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ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐] Change	☐ Addition
I hereby c	ertify that the information supplied with thi on this report or supplemental report is tru	s filing does not qualify for the e and accurate and that my :	e exemption stat signature shall h	ted in Section i ave the same t	119.07(3)(i), Florida Statutes. I fi egal effect as if made under oa	urther certif th; that I an	y that the in an officer	iformation 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 accress, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR