

# 2000 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> P97000008657				<b>FILED</b> 00 AUG 25 PM 1:25 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Entity Name <b>L.P.F., Inc.</b>					
Principal Place of Business <b>1210 S.E. 1st Street, Boynton Beach, FL 33435</b>		Mailing Address <b>1210 S.E. 1st Street, Boynton Beach, FL 33435</b>			
2. Principal Place of Business <b>9650 Aloe Road</b>		3. Mailing Address <b>9650 Aloe Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Boynton Beach, FL</b>		City & State <b>Boynton Beach, FL</b>		4. FEI Number <b>65-0818518</b>	
Zip <b>33437</b>	Country <b>USA</b>	Zip <b>33437</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>Kenneth M. Kaleel, P.A. 555 N. Congress Avenue, Ste. 301 Boynton Beach, FL 33526</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			<b>FL</b> 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		<i>Kenneth M. Kaleel</i>		DATE <b>8-23-00</b>	
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. <input type="checkbox"/>			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
9. (See criteria on back)					
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Treasurer</b> <input checked="" type="checkbox"/> Delete <b>Tina M. Aaron</b> <b>1002 S.W. 24th Avenue</b> <b>Boynton Beach, FL 33426</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Vice-President/Secretary</b> <input type="checkbox"/> Delete <b>Kenneth J. Aaron</b> <b>1210 S.E. 1st Street</b> <b>Boynton Beach, FL 33435</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Sole Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio <b>Kenneth J. Aaron</b> <b>9650 Aloe Road</b> <b>Boynton Beach, FL 33437</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio	

DO NOT WRITE IN THIS SPACE

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Kenneth J. Aaron* **Kenneth J. Aaron** Date: **8/23/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year