2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 91000 048 ***158.75

A0056853

DOCUMENT # P97000011611

1. Entity Name
L. I. Service, INC.

Principal Place of Business
4011 W Flagler st
Suite #503
Miami, FL 33134

Mailing Address
3925 Adra Ave.
Miami, FL 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10967 NW 44 terrace		10967 NW 44 terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Fl		City & State: Miami, Fl 33178	
Zip: 33178	Country: US	Zip: 33178	Country: US

4. FEI Number 65-0732453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAUSO, OLY
3925 Adra Ave.
Miami, Fl 33178

7. Name and Address of New Registered Agent
Name: CAUSO, OLY
Street Address (P.O. Box Number is Not Acceptable)
10967 NW 44 Terrace
City: Miami FL Zip Code: 33178

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] Oly Causo 04/11/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D S causo, Oly 9750 NW 49 terrace Miami, Fl 33178 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS causo, Oly 10967 NW 44 terrace Miami, Fl 33178 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Oly Causo 11/04/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #