

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102189

1. Entity Name

LFI, INC.

P

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90092 014 \*\*\*150.00

Principal Place of Business

1355 W PALMETTO PK RD  
STE 116  
BOCA RATON FL 33486  
US

Mailing Address

1355 W PALMETTO PK RD  
STE 116  
BOCA RATON FL 33486  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0854242

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, LEO  
225 SE 15TH TERRACE  
DEERFIELD BEACH FL 33441

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS FORD, LEO  
CITY-ST-ZIP 1461 S.W. 17TH ST.  
BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/00

Date

1544250845

Daytime Phone #

CR2E034 (5/00)

LFI, Inc

Attachment  
#P97000102189  
AV071933

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Ref: P970000102189 LFI, Inc.

To Whom It May Concern:

Please note that we have never received the original notice for the 2000 Uniform Business Report. For this reason and after receiving telephonic approval from your office we are sending a check for \$150.00.

If you have any questions please do not hesitate to contact our office at (954) 425-0845

LFI  
LFO FORD  
DIRECTOR  
7/31/00

1355 West Palmetto Park Road  
Suite 116  
Boca Raton, FL 33486