

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108487

1. Entity Name

LIGHTERS ILP, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90147 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1790 WEST 49TH ST  
 400-4  
 HIALEAH FL 33012

1790 WEST 49TH ST  
 400-4  
 HIALEAH FL 33012-2916

2. Principal Place of Business

12801 West Sunrise Blvd

3. Mailing Address

239 SW 159 Terrace

Suite, Apt., #, etc.

# 8003

Suite, Apt., #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sunrise Florida

City & State

Sunrise Florida

4. FEI Number

65-0811539

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

33326

Country

USA

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

RIOS, LEOPOLDO J  
 1800 W 49TH STREET  
 SUITE 207  
 HIALEAH FL 33012

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, 2000 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 PD ☐ Delete  
 NAME RINCON, DOUGLAS  
 STREET ADDRESS 1790 WEST 49 ST., #400-4  
 CITY-ST-ZIP HIALEAH FL 33012

TITLE PD ☒ Change ☐ Addition  
 NAME RINCON, DOUGLAS A.  
 STREET ADDRESS 239 SW 159 Terrace  
 CITY-ST-ZIP SUNRISE FL 33326

TITLE VD ☐ Delete  
 NAME PORTAL, ELBA  
 STREET ADDRESS 1790 WEST 49 ST., #400-4  
 CITY-ST-ZIP HIALEAH FL 33012

TITLE VD ☒ Change ☐ Addition  
 NAME PORTAL, ELBA  
 STREET ADDRESS 239 SW 159 TERRACE  
 CITY-ST-ZIP SUNRISE FL 33326

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  
 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  
 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:

*Douglas A. Rincon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/00  
 Date

954-8460540  
 Daytime Phone #

CR2E034 (9/99)