2000 UNIFORM BUSINESS REPORT (UBR)

L	OCOMENT#	ı	² 980000 143 1
	Entity Name		

LBI PROPERTIES, INC.

Principal Place of Business

Mailing Address

10100 WEST SAMPLE ROAD. STE. 401 CORAL SPRINGS FL 33065

10100 WEST SAMPLE ROAD, STE, 401 CORAL SPRINGS FL 33065-3975

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

May 02, 2000 8:00 am Secretary of State

05-02-2000 90157 001 ***150.00



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Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. F	El Number CE 00	15005	···	Ар	plied For	
·		,				65-0815035			Not Applicable		
Zip	Country	Zip	Coun	Country		5. Certificate of Status Desired			75 Add Required		
	6. Name and Address of Current R	egistered Agent	.1		7. N	lame and Address of	New Registere	d Agen	t-		
-	Control of the Contro			Name							
I OVI	ITO, PAUL	Street Address (P.O. Box Number is Not Acceptable)									
	Street Address (P.O. Box Number is Not Acceptable)										
	00 WEST SAMPLE ROAD, STE. 401 IAL SPRINGS FL 33065										
00				-	-				Zip Code		
				City			F	FL │'	zip cout	5	
The above	named entity submits this statement for	the purpose of changing its	s register	ed office or regis	ered age	ent, or both, in the Sta	te of Florida.				
IGNATURE .											
GIVITORE .	Signature, typed or printed name of registered agent an	d title if applicable. (NO)	E Registere	d Agent signature requ	red when re	instating)	DAT	E			
This corpo	oration is eligible to satisfy its Intangible	FILE NOW	!!! FEE	IS:\$150.00		10 Flooting Comp	nian Cinopolea		e e 0		
	requirement and elects to do so.		IAY 1, 2000 Fee will be \$550.			10. Election Camp. Trust Fund Con			\$5.00 May Be Added to Fees		
(See criter	ría on back)	Make Check Paya	ble to D	epartment of S	tate	Hastrana cor	and discon.	_	710000		
1.	OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CHANGES	TO OFFICERS A	ND DIR	ECTOR	SIN 11	
LE	CD	□ Delete	TITLI	E		<u></u>			Change	Addition	
ME	LOVITO, JR, PAUL F		NAM	ie .							
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TY-ST-ZIP	CORAL SPRINGS FL 33065		CITY	'- ST- ZIP							
TLE	PD	☐ Delete	TITL	E					Change	Addition 🔲	
AME	ADAMS, JOHN L		NAM	IE .							
	•		10.00								
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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: