

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90060 040 ***550.00

DOCUMENT # P98000014311

1. Entity Name
LBI PROPERTIES, INC.

Principal Place of Business

**2855 N UNIVERSITY DRIVE
 SUITE 320
 CORAL SPRINGS FL 33065**

Mailing Address

**2855 N UNIVERSITY DRIVE
 SUITE 320
 CORAL SPRINGS FL 33065**

2. Principal Place of Business

105 NW 13th Ave
 Suite, Apt. #, etc.

3. Mailing Address

105 NW 13th Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number **65-0815035**

Applied For

Not Applicable

Zip **33069**

Country **USA**

Zip **33069**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOVITO, PAUL
 2855 N UNIVERSITY DRIVE
 SUITE 320
 CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name **LOVITO, PAUL**
 Street Address (P.O. Box Number is Not Acceptable)

105 NW 13th Ave

City **Pompano Beach**

FL

Zip Code

33069

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/16/02

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, 2002 Fee 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

TITLE **C** ☐ Delete
 NAME **LOVITO, JR, PAUL F**
 STREET ADDRESS **2855 N UNIVERSITY DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PD** ☐ Delete
 NAME **LOVITO, MARC A**
 STREET ADDRESS **2855 N UNIVERSITY DRIVE SUITE 320**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VD** ☐ Delete
 NAME **LOVITO, MATTHEW J**
 STREET ADDRESS **2855 N UNIVERSITY DRIVE SUITE 320**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VDS** ☐ Delete
 NAME **LOVITO, DARRIN J**
 STREET ADDRESS **2855 N UNIVERSITY DRIVE SUITE 320**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **TD** ☐ Delete
 NAME **LOVITO, KIMBERLY W**
 STREET ADDRESS **2855 N UNIVERSITY DRIVE SUITE 320**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/16/02 (954) 346-5799

CR2E034 (4/02)