

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068047

1. Entity Name

LSP ASSOCIATES, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90008 039 ***150.00

Principal Place of Business

14261 S.W. 163RD STREET
MIAMI FL 33177

Mailing Address

13727 SW 152 ST
#202
MIAMI FL 33177-1106

00044362



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13012 SW 128th St

3. Mailing Address

13012 SW 128th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL

FL

City & State

Miami

City & State

Miami

4. FEI Number

65-0854536

Applied For

Not Applicable

Zip

FL 33186

Country

U.S.A.

Zip

FL 33186

Country

U.S.A.

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

POSADA, LUIS
14261 S.W. 163RD STREET
MIAMI FL 33177

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
POSADA, LUIS
14261 S.W. 163RD STREET
MIAMI FL 33177 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VO
POSADA, SANDRA
14261 S.W. 163RD STREET
MIAMI FL 33177 ☐ Delete

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

TITLE
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☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

(305) 251-2121

Daytime Phone #

CR2E034 (9/99)