

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017044

1. Entity Name

L P SECRETS INC.

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

05-08-2000 90017 042 \*\*\*150.00

Principal Place of Business

3510 N.W. 211 ST.  
 MIAMI FL 33056

Mailing Address

3510 N.W. 211 ST.  
 MIAMI FL 33056-1010

2. Principal Place of Business

800 N.E 163 ST

Suite, Apt. #, etc.

3. Mailing Address

800 N.E 163 ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI BEACH FLA

Zip

33162

Country

U.S.

City & State

N. MIAMI BEACH FLA

Zip

33162

Country

U.S.

4. FEI Number

65-0901619

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

EUGENE, EDSON  
 3510 N.W. 211 ST.  
 MIAMI FL 33056

7. Name and Address of New Registered Agent

Name

EDSON EUGENE

Street Address (P.O. Box Number is Not Acceptable)

800 N.E 163 ST

City

N. MIAMI BEACH FLA

FL

Zip Code

33162

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

04- -2000

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

TITLE OWNER  
 NAME EDSON EUGENE  
 STREET ADDRESS 800 NE 163 ST  
 CITY-ST-ZIP N. MIAMI BEACH FLA 33162-4442

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04- -2000 (305) 978-7198

Date

Daytime Phone #

CR2E034 (9/99)