

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022066

1. Entity Name

LCE PRODUCTS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90086 048 ***150.00

Principal Place of Business

15718 E. WATERSIDE VILLAGE
#106
WESTON FL 33326

Mailing Address

15718 E. WATERSIDE VILLAGE
#106
WESTON FL 33326-2210

2. Principal Place of Business

12803 W Sunrise Blvd

Suite, Apt. #, etc.

3. Mailing Address

15718 E Waterside Village

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sunrise

City & State

Weston-FL

4. FEI Number

65 0908282

Applied For

Not Applicable

Zip

33323

Country

Zip

33320

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESGUERRA, LUIS
15718 E. WATERSIDE VILLAGE
#106
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

LUIS C. ESGUERRA

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

15718 Waterside 106

City

SUNRISE

FL

Zip Code

33326

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

Jan 7-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ESGUERRA, LUIS
15718 E. WATERSIDE VILLAGE, #106
WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 ☐ Change ☐ Addition

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

Jan-7-00 - 954-857-055