

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State
05-12-2003 90211 038 ***150.00

DOCUMENT # **P99000041577**

1. Entity Name

L.P. EQUIPMENT SERVICE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6595 NW 36 STREET

3. Mailing Address

6595 NW 36 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #101-D

SUITE #101-D

City & State

City & State

VIRGINIA GARDENS

VIRGINIA GARDENS

Zip

Country

Zip

Country

33166

MIAMI-DADE

33166

MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0920118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JUAN OCAMPO

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

6595 NW 36 STREET

SUITE #101-D

City

VIRGINIA GARDENS FL

Zip Code

33166

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]

COMPTROLLER

05/09/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **PAUL REYES Vice President** **05/09/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)