

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90292 029 \*\*\*150.00

**DOCUMENT #** P99000082091

**1. Entity Name:**

**LCL ENTERPRISES, INC.**

**Principal Place of Business**

**Mailing Address**

**2275 S Federal Hwy, #310  
Delray Beach, FL 33483**

**Same**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**65-0993062**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**A0071872**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**Louis Biasi**

**2275 S. Federal Hwy., #310  
Delray Beach, FL 33483**

**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.**

**5/16/01**

**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!!**

**After MAY 1, 2001**

**FEE IS \$150.00**

**Fee will be \$550.00**

**Make Check Payable to Department of State**

**10. Election Campaign Financing**

**\$5.00 May Be**

**Trust-Fund Contribution: ☐ - ☐ - Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**Director**  
**Cynthia Baker**  
**2275 S. Federal Hwy., #310**  
**Delray Beach FL 33483**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**Director**  
**Louis Biasi**  
**2275 S. Federal Hwy, #310**  
**Delray Beach FL 33483**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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**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 no 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 life empowered.**

**SIGNATURE:**

**Director**

**5/16/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C > DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)