

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90063 044 \*\*\*150.00

DOCUMENT # 582201

1. Entity Name

L.F. MURPHY ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

**B0093707**

2. Principal Place of Business

7001 SW 61 AVE

3. Mailing Address

P.O. Box 432050

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0294003

Applied For

Not Applicable

Zip

33143

Country

U.S.A

Zip

33243

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MURPHY, LINDA

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

7001 SW 61 AVE.

City

MIAMI

FL

Zip Code

33143

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

4-25-02  
DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

1  
MURPHY, LINDA  
7001 SW 61 AVE  
MIAMI, FL. 33143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2  
LETEVEZ, MICHAEL  
7001 SW 61 AVE  
MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with another like empowered.

SIGNATURE:

Linda F. Murphy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02  
Date

(305) 266-5920  
Daytime Phone #

CR2E034B (12/01)