

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90818 013 ***150.00

DOCUMENT # V14927
 1. Entity Name
L.P. INVESTMENTS & ENTERPRISES, INC.

Principal Place of Business 555 N.W. 72ND AVENUE SUITE 509 MIAMI FL 33126	Mailing Address 4100 WEST FLAGLER A-S MIAMI FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4100 W. Flagler ST. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State MIAMI, FL 33134	City & State
Zip 33134	Country

4. FEI Number 65-0347741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ZAMORA, ENRIQUE
~~1402 PONCE DE LEON BLVD~~
~~CORAL GABLES FL 33134~~
10 N.W. LE JEUNE RD
SUITE 600
MIAMI, FL 33126

7. Name and Address of New Registered Agent

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.

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!!! FEE IS \$150.00
After MAY 1, 2001 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	VPTD VAZQUEZ, JOSE <input type="checkbox"/> Delete 555 N.W. 72ND AVE #509 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIETO, GERMAN L <input type="checkbox"/> Delete 4100 WEST FLAGLER ST SUITE A-2 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIETO, ANGELA S <input type="checkbox"/> Delete 4100 WEST FLAGLER STREET SUITE A-2 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOSE VAZQUEZ VICEPRESIDENT** 305-461-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)