

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V57495**

1. Entity Name
LFP Real Estate Corporation

FILED

02 APR 24 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
760 NW 107th Ave.

3. Mailing Address
760 NW 107th Ave.

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State
Miami, FL

City & State
Miami, FL

Zip
33172

Country
USA

Zip
33172

Country
USA

4. FEI Number
650399303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Thomas F. Nealon III
Street Address (P.O. Box Number is Not Acceptable)
760 NW 107th Ave., Suite 400

City
Miami FL Zip Code
33172

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)

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
DPST
Jeffrey P. Krasnoff
760 NW 107th Ave., Suite 300
Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
Owen D. Thomas
1585 Broadway, 37th Floor
New York, NY 10036

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Ronald E. Schrager
760 NW 107th Ave., Suite 400
Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Susan K. Chapman
760 NW 107th Ave., Suite 400
Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
Thomas F. Nealon III
760 NW 107th Ave., Suite 400
Miami, FL 33172

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald E. Schrager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-220-4300