2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69939

1. Entity Name

LOFASO ENTERPRISES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90101 010 ***150.00

Principal Place of Business	Mailing Address
1655 PALM BEACH LAKES BLVD. SUITE 503 FORUM-TOWER C WEST PALM BEACH FL 33401 US	PO BOX 6277 WEST PALM BEACH FL 33405-6277 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1655 Palm Beach Lakes Blvd.			
Suite, Apt. #, etc.: Suite 810 Forum-Tower C		Suite, Apt. #, etc.	
City & State: West Palm Beach, FL 33401		City & State	
Zip: 33401	Country: PB	Zip	Country

4. FEI Number 59-2568947 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOFASO, ANTHONY M 1655 PALM BEACH LAKES BLVD. SUITE 503 FORUM-TOWER C WEST PALM BEACH FL 33401	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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOFASO, ANTHONY M 1655 PALM BEACH LAKES BLVD., SUITE 503 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite 810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOFASO, BLANCA H 1655 PALM BEACH LAKES BLVD., SUITE 503 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite 810	☒ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] ANTHONY M. LOFASO, PRES. 4/4/00 (561)689-6775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #